

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2001 8:00 am**  
**Secretary of State**  
 04-28-2001 90043 013 \*\*\*158.75

**DOCUMENT # P00000059198**

1. Entity Name  
**S.A. & S.A. ASSOCIATES, INC.**

Principal Place of Business

**18878 NW 77TH CT  
 MIAMI FL 33015**

Mailing Address

**18878 NW 77TH CT  
 MIAMI FL 33015**

2. Principal Place of Business

**606 NW 57 Ave**

Suite, Apt. #, etc.  
**1**

City & State

**Miami FL**

Zip  
**33126**

Country  
**USA**

3. Mailing Address

**18878 NW 77th Ct**

Suite, Apt. #, etc.

City & State

**Miami Lakes FL**

Zip  
**33015**

Country  
**USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number

**65-106849**

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired

☒ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**SABATTINI, K JENNIFER F  
 18878 NW 77TH CT  
 MIAMI FL 33015**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

*Katherine Jennifer F. Sabattini*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>SABATTINI, MARIELA</b>	
STREET ADDRESS	<b>18878 NW 77TH CT</b>	
CITY-ST-ZIP	<b>MIAMI FL 33015</b>	
TITLE	<b>V</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>SABATTINI, JUAN R</b>	
STREET ADDRESS	<b>18878 NW 77TH CT</b>	
CITY-ST-ZIP	<b>MIAMI FL 33015</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>SABATTINI, K JENNIFER</b>	
STREET ADDRESS	<b>18878 NW 77TH CT</b>	
CITY-ST-ZIP	<b>MIAMI FL 33015</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Sabattini, K Jennifer</b>	
STREET ADDRESS	<b>18878 NW 77th Ct</b>	
CITY-ST-ZIP		
TITLE	<b>Miami Lakes FL</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>33015</b>	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other I am empowered.

SIGNATURE:

*Katherine Jennifer F. Sabattini*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**4/23/01 3052600032**

Daytime Phone #

CR2E034 (10/00)