

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 26, 2001 8:00 am  
Secretary of State

03-26-2001 90053 037 \*\*\*150.00

DOCUMENT # P00000067966

1. Entity Name  
SAGOLA CORP.

Principal Place of Business

Mailing Address

~~12175 S.W. 132ND COURT~~  
~~MIAMI FL 33186~~

~~12175 S.W. 132ND COURT~~  
~~MIAMI FL 33186~~

2. Principal Place of Business

3. Mailing Address

13250 SW 128 ST

13250 SW 128 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#112

#112

City & State

City & State

MIAMI, FL.

MIAMI, FL.

Zip

Country

Zip

Country

33186

DADE

33186

DADE

4. FEI Number

Applied For

65-1030788

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VILAR, PATRICK  
3191 CORAL WAY  
SUITE 800  
MIAMI FL 33145

Name

Eliseo DIAZ

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

13250 SW 128 ST #112

City

MIAMI,

FL

Zip Code

33186

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

*[Signature]*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/22/01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	SANCHEZ, ALEJANDRO	
STREET ADDRESS	<del>12175 S.W. 132ND COURT</del>	
CITY-ST-ZIP	<del>MIAMI-FL 33186</del>	
TITLE	VD	<input type="checkbox"/> Delete
NAME	DIAZ, ELISEO	
STREET ADDRESS	<del>12175 S.W. 132ND COURT</del>	
CITY-ST-ZIP	<del>MIAMI-FL 33186</del>	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	ESTEVEZ, OLO	
STREET ADDRESS	<del>12175 S.W. 132ND COURT</del>	
CITY-ST-ZIP	<del>MIAMI-FL 33186</del>	
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		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	13250 SW 128 ST #112	
CITY-ST-ZIP	MIAMI, FL. 33186	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	13250 SW 128 ST #112	
CITY-ST-ZIP	MIAMI, FL. 33186	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ESTEVEZ, OLO	
STREET ADDRESS		
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 like empowered.

SIGNATURE:

*[Signature]* ELISEO L. DIAZ  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/01

Date

305-251-3788

Daytime Phone #

CR2E034 (10/00)