FILED
Jul 16, 2002 8:00 am
Secretary of State
05-28-2002 91534 031 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000067966

1. Entity Name
Sagola Corp.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
12215 S.W. 132 Ct.
Suite, Apt. #, etc.
City & State
Miami, Florida
Zip 33186 County Miami-Dade

3. Mailing Address
Same
Suite, Apt. #, etc.
City & State
Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number
651030788
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: Patrick Vilar, Esq.
Street Address (P.O. Box Number is Not Acceptable): 999 Ponce de Leon Blvd., PH 1120
City: Coral Gables, FL Zip Code: 33134

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 _____ DATE

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

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	Sanchez, Alejandro- President 12215 S.W. 132 Ct. Miami, Florida 33186
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Andonegui, Jose R. V-President 12215 S.W. 132 Ct. Miami, Florida 33186
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Cagigal, Cecilio - Secretary 12215 S.W. 132 Ct. Miami, Florida 33186
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CR2E034B (12/01)

12. 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 an attachment with an address, with respect to my empowerment.

SIGNATURE: [signature] CECILIO CAGIGAL 5-1-02 305-251-3788
FILING AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #