## FILED Feb 07, 2002 8:00 am Secretary of State 02-07-2002 90028 027 \*\*\*150.00

## FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P 00000068997  1. Entity Name Sasha & Tango (aprtal, In	
DO NOT WRITE IN THIS SP	ACE # # # # # # # # # # # # # # # # # # #
2. Principal Place of Business 17032 Collins Avenue 3. Mailing Address 345 E. Con Suite, Apt. #, etc. Suite. Apt. #, etc.	mercial By.  DO NOT WRITE IN THIS SPACE
Sunny Isles, FI Ft. Lau derdah  Zip 33130 County U.S.A. 333334	4. FEI Number  Applied For Not Applied For Not Applied For Not Applicable  Country  U. S. A  5. Certificate of Status Desired  Fee Required  Fee Required
7. Name and Address of Current Registered Agent Name Turnifer Shaw Snyder Street Address (P.O. Box Number is Not Acceptable) 3 45 6 0000000000000000000000000000000000	
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  Suggest, parks or principlement proglistered agent agent agent signature required which reinstating)  City Ft , Lauderdale FL Zip Code 3334  Signature of Florida  Lini far Supplicable. (NOTE: Registered Agent signature required which reinstating)  DATE	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  January! May 1 Fee is \$150.00  After May 1 Fee is \$550.00  Amended UBR is \$5125  Trust Fund Contribution.  \$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS  ITTLE D, VP, T  NAME  STREET ADDRESS  GITY-ST-ZIP  FI. Lauderdale, FL 3334	THE PROPERTY OF THE PROPERTY O
TITLE D.P  NAME Anthony Rodolfo Varando  STREET ADDRESS 345 E. Commorcial BIVO.  CITY-ST-ZIP F-1. Lauderdale, FI 33334	STREET ADDRESS  CITY ST 7/P  MAME  MANE  MANE
INTLE  NAME  STREET ADDRESS  TY56 SW 115-th Gt  CITY-ST-ZIP  Miami, F1 33173	INLE 1988  NAME STREET ADMISS.  SIRELT ADMISS.  CITY ST 72P.
TITLE NAME STREET ADDRESS CITY-ST-ZIP Mi ami, FI 33173	THE SPACE  NAME OF THE SPACE  SIRETAODESS  CITY 51 7P
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE BRANCHER BROWN TO THE RESERVE TO THE RESERVE THE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE  NAME  SIRETA ADDRESS  CITY ST 27P  CI
13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(). 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 orbit; 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 on an attachment with an address, with all other like empowered.	
SIGNATURE: Jennifer Shaw Snyder, Director 1/16/02 SIGNATURE: SIGNATURE AND TYPEDOR PRINTED NAME OFFICER OR DIRECTOR DIRECTOR  SIGNATURE: 954-5537-8200	