

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2002 8:00 am
Secretary of State

01-24-2002 90364 010 ***150.00

DOCUMENT # P00000070693

1. Entity Name
SAVANE EXPRESS, INC.

Principal Place of Business
9741 FONTAINEBLEAU BOULEVARD
SUITE 202
MIAMI FL 33172

Mailing Address
9741 FONTAINEBLEAU BOULEVARD
SUITE 202
MIAMI FL 33172

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-1026290**

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

HERRERA, MIRTA
9741 FONTAINEBLEAU BOULEVARD
SUITE 202
MIAMI FL 33172

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Acceptable)
8036 Lake Point Ct.
 City **Plantation** **FL** Zip Code **33322**

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, 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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	HERRERA, MIRTA	
STREET ADDRESS	9741 FONTAINEBLEAU BOULEVARD #202	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GARCIA, SALVADOR	
STREET ADDRESS	9741 FONTAINEBLEAU BOULEVARD #202	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	D	<input type="checkbox"/> Delete
NAME	HERRERA, PAOLA L	
STREET ADDRESS	9741 FONTAINEBLEAU BOULEVARD #202	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	8036 Lake Point Ct	
CITY-ST-ZIP	Plantation, FL 33322	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	8036 Lake Point Ct	
CITY-ST-ZIP	Plantation, FL 33322	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	8036 Lake Point Ct	
CITY-ST-ZIP	Plantation, FL 33322	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/02.

Date

Daytime Phone #

CR2E034 (9/01)