## 2001 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P0000074392 SAAVZ INTERNATIONAL, INC.

## FILED May 16, 2001 8:00 am Secretary of State 05-16-2001 90404 024 \*\*\*150.00

6. Name and Address of Current Registered Agent  CLAYTON, MARK 7830 N.W. 71ST STREET MIAMI FL 33166  City  Fee F  City  FL  Z  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, typical or printed name of registered agent and title if applicable.  NOTE: Registered Agent dignature required when renatiting)  DATE  9. This corporation is eligible to satisfy its Intangible Tax fitting requirement and elects to do so. (See criteria on back)  TITLE  NAME  STREET ADDRESS  CITY-ST-2IP  MIAMI FL 33166  TITLE  V CHAYEZ, MIACHAEL J TRIEF  MIAMI FL 33166  TITLE  V CHAYEZ, MIACHAEL J TRIEF  MIAMI FL 33166  TITLE  V CHAYEZ, MIACHAEL J TRIEF  MIAMI FL 33166  TITLE  V CHAYEZ, MIACHAEL J TRIEF  MIAMI FL 33166  TITLE  V CHAYEZ, MIACHAEL J TRIEF  TRIEF  MIAMI FL 33166  TITLE  V CHAYEZ, MIACHAEL J TRIEF  TRIEF  MIAMI FL 33166  TITLE  Delete  TITLE  V CHAYEZ, MIACHAEL J TRIEF  TRIEF  TRIEF  TRIEF  MIAMI FL 33166  TITLE  Delete  TITLE  De	Applied For Not Applicable  75 Additional Required
City & State  City & State  City & State  Country  Country  Country  S. Certificate of Status Desired  Fee F  6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name  CLAYTON, MARK 7830 N.W. 71ST STREET MIAMI FL 33166  City  FL  Z  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 site if applicable.  (NOTE: Registered Agent eignature required when reinstating)  DATE  9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (Secriteria on back)  Title NAME NAME CLAYTON, MARK STREET ADDRESS TREET ADDRESS TREET ADDRESS TREET ADDRESS TREET ADDRESS TREET ADDRESS TITLE NAME NAME CHAYCE, MIACHAEL J NAME CHAYCE, MIACHAEL CHAYCE, MIAC	Applied For Not Applicable 75 Additional Required
Zip Country Zip Country 5. Certificate of Status Desired \$8.7. Fee F  6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name  CLAYTON, MARK 7830 N.W.*71ST STREET MIAMI FL 33166  City FL Z  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  9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) Make Check Payable to Department of State  11. OFFICERS AND DIRECTORS  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  14. NAME  15. Certificate of Status Desired	Not Applicable 75 Additional Required
Country   Zip   Country   S. Cerifficate of Status Desired   \$8.7   Fee F	75 Additional Required
CLAYTON, MARK 7830 N.W. 71ST STREET MIAMI FL 33166  City  FL  Z  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 still 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)  TILE NAME STREET ADDRESS CITY-ST-2P MIAMI FL 33166  TITLE V MAME CHAYEZ, MIACHAEL J TRIET NAME STREET ADDRESS CITY-ST-2P MIAMI FL 33166  TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-2P MIAMI FL 33166  TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-2P MIAMI FL 33166  TITLE Delete TITLE Delete TITLE TITLE NAME STREET ADDRESS CITY-ST-2P MIAMI FL 33166  TITLE Delete TITLE DELET TITLE TITLE DELET TITLE DELET TITLE	
CLAYTON, MARK 7830 N.W. 71ST STREET MIAMI FL 33166  City  FL  Z  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 reinsciting)  P. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so.  (See criteria on back)  TILE  P. OFFICERS AND DIRECTORS  TILE  TILE  CLAYTON, MARK  STREET ADDRESS  CITY-ST-ZIP  MIAMI FL 33166  TILE  V Delete  TILE  V Delete  TILE  NAME  CHAYEZ, MIACHAEL J  STREET ADDRESS  CITY-ST-ZIP  MIAMI FL 33166  TILE  CHAYEZ, MIACHAEL J  TREET ADDRESS  CITY-ST-ZIP  MIAMI FL 33166  TILE  TI	Zip Code
TREET ADDRESS CITY-ST-ZIP MIAMI FL 33166  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Z  City  FL  Z  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)  OFFICERS AND DIRECTORS  11.  OFFICERS AND DIRECTORS  12.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  MIAMI FL 33166  TITLE  V  CHAVEZ, MIACHAEL J  7830 N.W. 71ST STREET  MIAMI FL 33166  TITLE  V  CHAVEZ, MIACHAEL J  7830 N.W. 71ST STREET  MIAMI FL 33166  TITLE  Delete  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  MIAMI FL 33166  TITLE  Delete  TITLE  V  CHAVEZ, MIACHAEL J  TREET ADDRESS  CITY-ST-ZIP  MIAMI FL 33166  TITLE  Delete  TITLE  Delete  TITLE  V  CHAVEZ, MIACHAEL J  TREET ADDRESS  CITY-ST-ZIP  MIAMI FL 33166  TITLE  Delete  TITLE  Delete  TITLE  TITLE  Delete  TITLE  TITLE  Delete  TITLE  Delete  TITLE  TITLE  TITLE  Delete  TITLE  TITLE  TITLE  Delete  TITLE  TITLE  TITLE  TITLE  Delete  TITLE	Zip Code
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SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.  Note: Registered Agent signature required when reinstating)  Date  1. Signature, typed or printed name of registered agent and title if applicable.  Note: Registered Agent signature required when reinstating)  Note: Registered Agent signature required when reinstating)  Date  1. Signature, typed or printed name of registered agent and title if applicable.  Note: Registered Agent signature required when reinstating)  10. Election Campaign Financing Trust Fund Contribution.  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  NAME  STREET ADDRESS  CITY-ST-ZIP  NAME  CHAYEZ, MIACHAEL J  TITLE  V CHAYEZ, MIACHAEL J  TREET ADDRESS  CITY-ST-ZIP  NAME  STREET ADDRESS  CITY-ST-ZIP  NAME  STREET ADDRESS  CITY-ST-ZIP  NAME  STREET ADDRESS  CITY-ST-ZIP  NAME  TITLE  Delete  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  NAME  TITLE  Delete  TITLE  Delete  TITLE  Delete  TITLE  TITLE  TITLE  Delete  TITLE  Delete  TITLE  TITLE  TITLE  Delete  TITLE  TITLE  TITLE  Delete  TITLE  TITLE  TITLE  TITLE  Delete  TITLE  TI	
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Tax filing requirement and elects to do so. (See criteria on back)  After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TITLE  NAME CLAYTON, MARK STREET ADDRESS CITY-ST-ZIP  TITLE  NAME CHAVEZ, MIACHAEL J STREET ADDRESS CITY-ST-ZIP  MIAMI FL 33166  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  MIAMI FL 33166  TITLE  OCHAVEZ, MIACHAEL J STREET ADDRESS CITY-ST-ZIP  MIAMI FL 33166  TITLE  ODelete  TITLE	
TITLE	<b>\$5.00</b> May Be Added to Fees
NAME   CLAYTON, MARK   7830 N.W. 71ST STREET   STREET ADDRESS   CITY-ST-ZIP   MIAMI FL 33166   CITY-ST-ZIP   TITLE   CHAVEZ, MIACHAEL J   NAME   STREET ADDRESS   CITY-ST-ZIP   MIAMI FL 33166   CITY-ST-ZIP   TITLE   CITY-ST-ZIP   MIAMI FL 33166   CITY-ST-ZIP   TITLE   CITY-ST-ZIP	ECTORS IN 11
TITLE	Change Addition
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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.