AMANDED UNIFORM BUSINESS REPORT (2003)

09-02-2003 90185 041 ****61.25
P00000078501

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

03 SEP -5 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000078501

1. Entity Name

SAYGAL INVESTMENTS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1717 N. BAYSHORE DR,	1717 N. BAYSHORE DR.
Suite, Apt. #, etc. SUITE 102	Suite, Apt. #, etc. SUITE 102
City & State MIAMI, FLORIDA	City & State MIAMI, FLORIDA
Zip: 33132 Country: USA	Zip: 33132 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1048654 ☐ 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: BEDARD, DENNIS R.

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

1717 N. BAYSHORE DR, SUITE 102

City: MIAMI FL Zip Code: 33132

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE: PD NAME: Falsetto, Gino STREET ADDRESS: 1717 N. Bayshore Dr, #3746 CITY-ST-ZIP: Miami, FL 33132	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE: VP NAME: Inama, Andrea STREET ADDRESS: 1717 N. Bayshore Dr, Ste 102 CITY-ST-ZIP: Miami, FL 33132	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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$5.00 9/5

CR2E034B (12/02)

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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ GINO FALSETTO 08/21/03 (305) 530-0609
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #