2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 24, 2001 8:00 am Secretary of State DOCUMENT # P0000092281 SAGE INVESTMENT PROPERTIES, INC. 04-24-2001 90264 017 ***150.00 Principal Place of Business Mailing Address 9140 S.W. 137 AVENUE 9140 S.W. 137 AVENUE **SUITE 1003 SUITE 1003** MIAMI FL 33186 MIAMI FL 33186 2. Principal Place of Business 15060 SW 104 Street 3. Mailing Address 15060 SW Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE ot. 1622 City & State Miami 4. FEI Number 65-1044880 Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Emmanuel CAJAYON, EMMANUEL 9140 S.W. 137 AVENUE **SUITE 1003** MIAMI FL 33186 Miami 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. Emmanud 4: Cajayon - President (NOTE: Registered Agont signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete Emmanvel Cajayon 15060 SW 104 Street Apt. 1622 Miami, FL 33196 CAJAYON, EMMANUEL NAME STREET ADDRESS 9140 S.W. 137 AVENUE, SUITE 1003 STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33186** CITY-ST-7IP TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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: Emmanuel Fundament Process of President 4/17/01 (304) 350 0265 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR