

# 2002 UNIFORM BUSINESS REPORT (UBR)

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

01-24-2002 90156 001 \*\*\*300.00

**DOCUMENT # P00000097145**

1. Entity Name  
**SACACO, INC.**

Principal Place of Business      Mailing Address  
**1522 VERACRUZ LN      1522 VERACRUZ LN**  
**WESTON FL 33327      WESTON FL 33327**

2. Principal Place of Business      3. Mailing Address  
**7874 NW 52 STREET**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**MIAMI FLORIDA**  
 Zip      Country      Zip      Country  
**33166      U.S.A.**

DO NOT WRITE IN THIS SPACE  
**65-1108766**  
 4. FEI Number      Applied For  
**APPLIED FOR**      Not Applicable

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

6. Name and Address of Current Registered Agent  
**ROMANO, GIUSEPPE**  
**1522 VERACRUZ LN**  
**WESTON FL 33327**

7. Name and Address of New Registered Agent  
 Name      **FERNANDO SILVA**  
 Street Address (P.O. Box Number is Not Acceptable)  
**9900 STERLING ROAD SUITE 211**  
 City      State      Zip Code  
**COOPER CITY      FL      33024**

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       DATE **1/8/02**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)

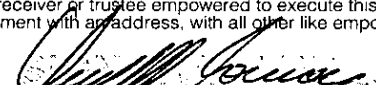
**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>ROMANO, GIUSEPPE</b> <b>1522 VERACRUZ LN</b> <b>WESTON FL 33327</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>PERFETTI, JOR MARY</b> <b>1522 VERACRUZ LN</b> <b>WESTON FL 33327</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>ROMANO, GIUSEPPE</b> <b>1557 VERACRUZ LN</b> <b>WESTON FL 33327</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>PERFETTI, JOR MARY</b> <b>1557 VERACRUZ LN</b> <b>WESTON FL 33327</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:       DATE **1/8/02**  
SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

U339314

CR2E034 (9/01)