

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 10, 2001 8:00 am
Secretary of State
04-28-2001 90042 032 ***150.00

DOCUMENT # P00000103194

1. Entity Name

SADAGA CONSULTING FIRM, INC.

Principal Place of Business

Mailing Address

352 NE 167 ST, STE B
MIAMI, FL 33162

PO Box 700731
MIAMI, FL 33170-0731

77387

2. Principal Place of Business

3. Mailing Address

352 NE 167 ST.

PO Box 700731

Suite, Apt. #, etc.

Suite, Apt. #, etc.

B

City & State
MIAMI, FL

City & State
MIAMI, FL

4. FEI Number

65-1058801

Applied For

Not Applicable

Zip

Country

Zip

Country

33162

US

33170-0731

US

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JEREZ, AMINA L.
352 NE 163 ST.
N. MIAMI BEACH, FL 33170

Name

PASCAL ROBERT

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

c/o SADAGA CONSULTING FIRM, INC.

352 NE 167 ST., STE B

City

MIAMI

FL

Zip Code

33162

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

7/31/01

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PRESIDENT, COB, SECY
STREET ADDRESS	SAMIR G. JEREZ
CITY-ST-ZIP	7860 SW 196 TERR., MIAMI, FL 33189
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VICE PRESIDENT
STREET ADDRESS	11240 SW 180 ST PASCAL ROBERT
CITY-ST-ZIP	MIAMI, FL 33157
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TREASURER
STREET ADDRESS	FRANCES JEREZ
CITY-ST-ZIP	19641 SW 103 CT., MIAMI, FL 33157
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ASST. SECRETARY
STREET ADDRESS	AMINA L. JEREZ
CITY-ST-ZIP	7860 SW 196 TERR. MIAMI, FL 33189
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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

7/31/01

Date

305-944-2282

Daytime Phone #

CR2E034 (1/100)

Attachment Doc#



P00000103194
77387

FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

July 20, 2001

SADAQA CONSULTING FIRM INC.
P.O. BOX 700731
MIAMI, FL 33170

SUBJECT: SADAQA CONSULTING FIRM INC.
Ref. Number: P00000103194

We have received your document for SADAQA CONSULTING FIRM INC. and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Marquitta Williams
Document Specialist

Letter Number: 401A00042570