

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P00000104036**

1. Entity Name  
**Stesal Group, Inc.**

**FILED**

**02 MAR -11 PM 3:00**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**13130 SW 4th ST**  
Suite, Apt. #, etc.

3. Mailing Address  
**13130 SW 4th ST**  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**MIAMI FL**

City & State  
**MIAMI FL**

4. FEI Number  
**05-1060515**

Applied For  
Not Applicable

Zip  
**33184**

Country  
**US**

Zip  
**33184**

Country  
**US**

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  
**SALVATORE SAUANESE**

Street Address (P.O. Box Number is Not Acceptable)  
**13130 SW 4th STREET**

City  
**MIAMI FL** Zip Code  
**33184**

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 **Salvatore Sauaneese**  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **3/8/02**

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

**January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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 **P PERROZZI, STEFANO**  
STREET ADDRESS  
CITY-ST-ZIP **13130 SW 4th STREET MIAMI FL 33184**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME **V SAUANESE, SALVATORE**  
STREET ADDRESS  
CITY-ST-ZIP **13130 SW 4th STREET MIAMI FL 33184**

TITLE  
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CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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

SIGNATURE: **Salvatore Sauaneese**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **3/8/02** DAYTIME PHONE # **305 261 6217**

CR2E034B (12/01)

STESAL GROUP, INC.  
DOC.#P00000104036

TO: DIVISION OF CORPORATION  
P.O. BOX 6327  
TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A  
CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY  
UP-DATE THE ABOVE MENTIONED CORPORATION.

DUE TO A CHANGE OF PRINCIPAL AND MAILING ADDRESS I NEVER  
RECEIVED FIRST NOR SECOND NOTICE OF SUCH REPORT. PLEASE TAKE  
THIS LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN ITS CURRENT  
STATUS.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER  
AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER  
DON'T HESITATE TO CONTACT ME AT THE NEW ADDRESS LISTED IN THE  
ANNUAL REPORT .

CORDIALLY  
SAVARESE SALVATORE  
PRESIDENT