

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90083 017 ***150.00

DOCUMENT # P00000108311

1. Entity Name
SARAGUSTI PHOTOGRAPHY, INC.

Principal Place of Business

8141 S.W. 140 TR.
MIAMI FL 33158

Mailing Address

8141 S.W. 140 TR.
MIAMI FL 33158

2. Principal Place of Business

7215 SW 105 TERR

Suite, Apt. #, etc.

3. Mailing Address

7215 SW 105 TERR

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Miami FL

4. FEI Number

65-1066447

Applied For

Not Applicable

Zip

33156

Country

USA

Zip

33156

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SARAGUSTI, DANIEL
8141 S.W. 140 TR.
MIAMI FL 33158

7. Name and Address of New Registered Agent

Name

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

7215 SW 105 TERR

City **Miami**

FL

Zip Code

33156

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.

DANIEL SARAGUSTI, PRES.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/25/02

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	<input type="checkbox"/> Delete
	D			
	SARAGUSTI, DANIEL	8141 S.W. 140 TR.	MIAMI FL 33158	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		7215 SW 105 TERR	Miami FL 33156		

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

DANIEL SARAGUSTI **4/25/02**

Date

Daytime Phone #

CR2E034 (9/01)