

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000013668

1. Entity Name  
SAGOM TRUCKING CORP.

**FILED**  
Aug 25, 2002 8:00 am  
Secretary of State

08-25-2002 90199 039 \*\*\*150.00

0084416 AV

Principal Place of Business  
18604 N. 47 CT  
LOXAHATCHEE FL 33470

Mailing Address  
18604 N. 47 CT  
LOXAHATCHEE FL 33470

80135112



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
18183 SYCAMORE DR WEST  
Suite, Apt. #, etc.

3. Mailing Address  
SAME  
Suite, Apt. #, etc.

City & State  
LOXAHATCHEE, FL

City & State

4. FEI Number  
65-1074710

Applied For  
Not Applicable

Zip  
33470

Country

Zip

Country

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

## 6. Name and Address of Current Registered Agent

GOMEZ, IVETTE  
18604 N. 47 CT  
LOXAHATCHEE FL 33470

## 7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 \$550.00 150.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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 NAME STREET ADDRESS CITY-ST-ZIP	PD SANCHEZ, ISRAEL 18604 N. 47 CT LOXAHATCHEE FL 33470	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GOMEZ, IVETTE 18604 N. 47 CT LOXAHATCHEE FL 33470	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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
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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: *Signature*

PRESIDENT 08/19/02 (305) 333-2636

CR2E034 (4/02)

Attachment

PO1000013668

Miami, August 19, 2002

✓ Dear sir:

✓ I didn't receive the first report for \$150.00,  
I am sorry this happened it.

Included is a check for \$150.00.

Sincerely,

*Israel Sanchez*

PRESIDENT

SAGOM TRUCKING CORP.