

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State
 05-29-2002 90726 009 ***150.00

DOCUMENT # P01000034357

1. Entity Name
SOUTH AMERICAN GENERAL SERVICE AGENTS CORP

Principal Place of Business
 9020 NW 8TH STREET #416
 MIAMI FL 33172

Mailing Address
 9020 NW 8TH STREET #416
 MIAMI FL 33172



2. Principal Place of Business **3. Mailing Address**
 8150 SW 8th St 8150 SW 8th St

Suite, Apt. #, etc. Suite, Apt. #, etc.
 216 216

City & State City & State
 Miami FL Miami FL

Zip Country Zip Country
 33144 Date 33144 Date

DO NOT WRITE IN THIS SPACE

4. FEI Number **Applied For**
 64-1092162 Not Applicable

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

6. Name and Address of Current Registered Agent

BARREZUETA, ARTURO J
 9020 NW 8TH STREET #416
 MIAMI FL 33172

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.

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 \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	D	BARREZUETA, ARTURO J	9020 NW 8TH STREET #416 MIAMI FL 33172	<input type="checkbox"/>
	D	MITE, ELOY H	9020 NW 8TH STREET #416 MIAMI FL 33172	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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: Arturo J. Barreza **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **Date** (305) 261-3090 **Daytime Phone #**

05/29/02 AV

CR2E034 (9/01)