

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 14, 2002 8:00 am
Secretary of State

02-14-2002 90062 035 ***158.75

0132058 AV

DOCUMENT # P01000049632

1. Entity Name

SAPO'S INVESTMENTS CORP.

Principal Place of Business

**2051 N.W. 79 AVENUE
MIAMI FL 33122**

Mailing Address

**2051 N.W. 79 AVENUE
MIAMI FL 33122**

2. Principal Place of Business

8127 NW 29 ST.

3. Mailing Address

8127 NW 29 STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI FLORIDA

Zip

33122

Country

Zip

33122

Country

4. FEI Number

65-1107438

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****DE AMORIM, MARIA M
2051 N.W. 79 AVENUE
MIAMI FL 33122****7. Name and Address of New Registered Agent**

Name

DE AMORIM, MARIA M

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

8127 NW 29 ST.

City

MIAMI**FL**

Zip Code

33122

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
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**TITLE **PTD** ☐ Delete
NAME **DE AMORIM, ELOISIO**
STREET ADDRESS **2051 N.W. 79 AVENUE**
CITY-ST-ZIP **MIAMI FL 33122**TITLE **VPSD** ☐ Delete
NAME **DE AMORIM, MARIA M**
STREET ADDRESS **2051 N.W. 79 AVENUE**
CITY-ST-ZIP **MIAMI FL 33122**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE **PTD** ☒ Change ☐ Addition
NAME **DE AMORIM, ELOISIO**
STREET ADDRESS **8127 NW 29 ST**
CITY-ST-ZIP **MIAMI, FL 33122**TITLE **VPSD** ☒ Change ☐ Addition
NAME **DE AMORIM, MARIA M**
STREET ADDRESS **8127 NW 29 ST.**
CITY-ST-ZIP **MIAMI, FL 33122**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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: *Joana Breda*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/28/2002 -

Date

Daytime Phone #

CR2E034 (9/01)