

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 10, 2002 8:00 am**  
**Secretary of State**

05-10-2002 90037 001 \*\*\*150.00

**DOCUMENT # P01000060804**

1. Entity Name  
**SABAL PALM CONSULTING, INC.**



Principal Place of Business Mailing Address  
**2100 SALZEDO STREET STE 300** **2100 SALZEDO STREET STE 300**  
**CORAL GABLES FL 33134** **CORAL GABLES FL 33134**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **3633 SW 30th Avenue**  
 Suite, Apt. #, etc.

3. Mailing Address **3633 SW 30th AVE.**  
 Suite, Apt. #, etc.

City & State  
**HOLLYWOOD, FLORIDA**

City & State  
**HOLLYWOOD, FLORIDA**

4. FEI Number  
**65-1113607**

Applied For  
 Not Applicable

Zip Country  
**FL 33312 U.S.A.**

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**FL 33312 U.S.A.**

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

**6. Name and Address of Current Registered Agent**

**ARAZOZA & FERNANDEZ-FRAGA PA**  
**2100 SALZEDO STREET STE 300**  
**CORAL GABLES FL 33134**

**7. Name and Address of New Registered Agent**

Name **LOPEZ, VIRGINIA**  
 Street Address (P.O. Box Number is Not Acceptable)  
**3633 SW 30th AVENUE**  
 City **HOLLYWOOD** **FL** Zip Code **33312**

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 **VIRGINIA LOPEZ**

DATE **4/30/02**

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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	<b>D LOPEZ, VIRGINIA</b>	<b>2100 SALZEDO STREET STE 300</b>	<b>CORAL GABLES FL 33134</b>	<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
	<b>D LOPEZ, VIRGINIA</b>	<b>3633 SW 30th AVE.</b>	<b>HOLLYWOOD, FL 33312</b>	<input checked="" 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: **SIGNATURE REQUIRED**

DATE **4/30/02** DAYTIME PHONE # **(954) 298-5093**

CR2E034 (9/01)