

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90151 007 ***150.00

DOCUMENT # P01000061897

1. Entity Name

SAWGRASS 2 & 2 CORP.

Principal Place of Business

**9349 ARBORWOOD CIRCLE
 DAVIE FL 33328**

Mailing Address

**9349 ARBORWOOD CIRCLE
 DAVIE FL 33328**

2. Principal Place of Business

4500 N. HATUS RD

3. Mailing Address

4500 N. HATUS RD

Suite, Apt. #, etc.

209

Suite, Apt. #, etc.

209

City & State

SUNRISE FL

City & State

SUNRISE FL

Zip

33351

Country

USA

Zip

33351

Country

USA

4. FEI Number

65-1118427

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

CIDAD, BEATRIZ

**9349 ARBORWOOD CIRCLE
 DAVIE FL 33328**

7. Name and Address of New Registered Agent

Name

BEATRIZ CIDAD

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

9349 ARBORWOOD CIRCLE

City

DAVIE

FL

Zip Code

33328

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

Beatriz Ciudad

4/15/02

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 **VD** ☐ Delete
 NAME **CVIDAD, BEATRIZ**
 STREET ADDRESS **9349 ARBORWOOD CIRCLE**
 CITY-ST-ZIP **DAVIE FL 33328**

TITLE **PD** ☐ Delete
 NAME **CVIDAD, CARMEN**
 STREET ADDRESS **2567 CORDOBA BEND**
 CITY-ST-ZIP **WESTON FL 33327**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ 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: **BEATRIZ CIDAD**

Beatriz Ciudad

4/15/02

954-741.1090

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)