

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 29, 2002 8:00 am**  
**Secretary of State**

04-29-2002 90183 015 \*\*\*150.00

**DOCUMENT # P01000083481**

1. Entity Name

**SADEC INTERNATIONAL, INC.**

Principal Place of Business

Mailing Address

1801 CORAL WAY  
 SUITE 408  
 MIAMI FL 33145

1801 CORAL WAY  
 SUITE 408  
 MIAMI FL 33145

00000736



2. Principal Place of Business

3. Mailing Address

2618 Galiano Street  
 Suite, Apt. #, etc.

2618 Galiano Street  
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Coral Gables, FL

City & State

Coral Gables, FL

4. FEI Number

08-1142169

Applied For

Not Applicable

Zip

Country

33134 USA

Zip

Country

33134 USA

5. Certificate of Status Desired

☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BLANCO, BETTY  
 1801 CORAL WAY  
 SUITE 204  
 MIAMI FL 33145

7. Name and Address of New Registered Agent

Name **DANIEL E FERNANDEZ**

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

2618 Galiano Street

City **Coral Gables**

FL

Zip Code **33134**

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)

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**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.

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**\$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 FERNANDEZ, DANIEL E 2618 GALIANO STREET CORAL GABLES FL 33134	<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"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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 life empowered.

SIGNATURE:

**DANIEL E FERNANDEZ**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President  
**DANIEL E FERNANDEZ**  
 Date

1/30/02  
 Daytime Phone # (305) 442-4600

CR2E034 (9/01)