2002 UNIFORM BUSINESS REPORT (UBR) P01000084332 DOCUMENT # 1. Entity Name THE SAINTSURIN GROUP, INC.

<u>7th AVE</u>

Country

City

SAME

101

FLORIDA

Mailing Address

MIAMI FL 33168

3. Mailing Address

City & State

33168

Zip

MIAMI

Suite, Apt. #, etc.

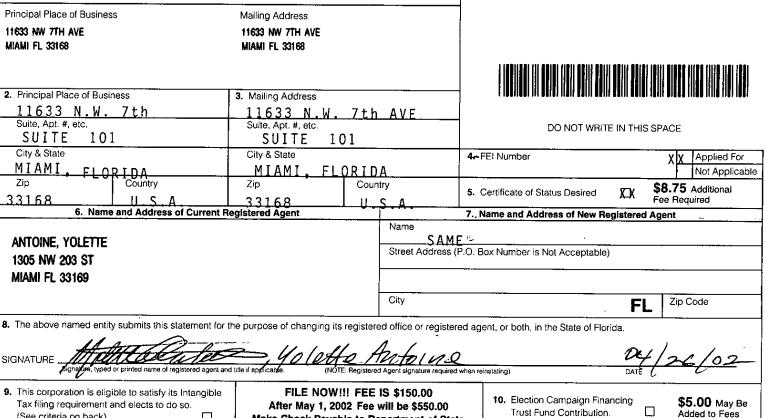
SUITE

<u>11633 N.W.</u>

11633 NW 7TH AVE

FILED May 06, 2002 8:00 am 5 Secretary of State

05-06-2002 90150 012 ***163.75



Tax filing (See crite	oration is eligible to satisfy its Intangible requirement and elects to do so. ria on back)	After May 1, 2002	FEE IS \$150.00 Fee will be \$550.00 to Department of State	10. Election Campaign Trust Fund Contrib		\$5.00 Added t	May Be o Fees
11. OFFICERS AND DIRECTORS		12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ANTOINE, YOLETTE 1305 NW 203 ST MIAMI FL 33169	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP SAINTSURIN, JAMES 3537 SW 175 AVE MIRAMAR FL 33029	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1710		Change ,	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SAINTSURIN, JIMMY 3537 SW 175 AVE MIRAMAR FL 33029	Delete	TITLE NAME STREET ADDRESS CITY- ST-ZIP		-	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS CHAPIESKY, LISHA A 1305 NW 203 ST MIAMI FL 33169	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ortifi. Hould be information as will also with the	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition

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.

Principal Place of Business

2. Principal Place of Business

11633 N.W.

101

Country

6. Name and Address of Current Registered Agent

Suite, Apt. #, etc.

ANTOINE, YOLETTE

1305 NW 203 ST MIAM! FL 33169

SUITE

City & State

MIAMI

Zip

33168

11633 NW 7TH AVE

MIAMI FL 33168