

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90333 036 ***163.75

DOCUMENT # P01000084332

1. Entity Name
THE SAINTSURIN GROUP, INC.



Principal Place of Business
**11633 NW 7TH AVE
STE 101
MIAMI FL 33168**

Mailing Address
**11633 NW 7TH AVE
STE 101
MIAMI FL 33168**

2. Principal Place of Business

Same as Above

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1166552
APPLIED FOR

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ANTOINE, YOLETTE

**1305 NW 203 ST
MIAMI FL 33169**

**3537 SW 175 AVE
MIRAMAR, FL 33029**

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Yollette Antoine, RD

04/23/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☒ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☒ Delete
NAME **ANTOINE, YOLETTE**
STREET ADDRESS **1305 NW 203 ST**
CITY-ST-ZIP **MIAMI FL 33169**

TITLE **DP** ☒ Change ☐ Addition
NAME **YOLETTE ANTOINE**
STREET ADDRESS **3537 SW 175 AVE**
CITY-ST-ZIP **MIRAMAR, FL 33029**

TITLE **DV** ☐ Delete
NAME **SAINTSURIN, JAMES**
STREET ADDRESS **3537 SW 175 AVE**
CITY-ST-ZIP **MIRAMAR FL 33029**

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

TITLE **DT** ☐ Delete
NAME **SAINTSURIN, JIMMY**
STREET ADDRESS **3537 SW 175 AVE**
CITY-ST-ZIP **MIRAMAR FL 33029**

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

TITLE **DS** ☒ Delete
NAME **CHAPIESKY, LISHA A**
STREET ADDRESS **1305 NW 203 ST**
CITY-ST-ZIP **MIAMI FL 33169**

TITLE **DS** ☒ Change ☐ Addition
NAME **LISHA A. CHAPIESKY**
STREET ADDRESS **12555 NW 1 AVE**
CITY-ST-ZIP **MIAMI, FL 33168**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Yollette Antoine, RD

04/23/03 (305) 685-9662

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)