

FILED
Jul 24, 2002 8:00 am
Secretary of State

05-13-2002 90066 005 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000114198

1. Entity Name
SAITEL CORPORATION

Principal Place of Business Mailing Address
15060 SW 103 TERR, APT 6102 15060 SW 103 TERR, APT 6102
MIAMI FL 33196 MIAMI FL 33196

2. Principal Place of Business 3. Mailing Address
12224 SW 8 St. 12224 SW 8 St.
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Miami FL Miami FL
Zip Country Zip Country
33184 USA 33184 USA

4. FEI Number 69-0004186 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CORONADO, NESTOR
7360 CORAL WAY, SUITE 21
MIAMI FL 33155

7. Name and Address of New Registered Agent

Name Carlos Latoni
Street Address (P.O. Box Number is Not Acceptable)
9701 SW 7th #22
City Miami FL Zip Code 33156

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 Carlos Latoni Carlos Latoni
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 07/25/02

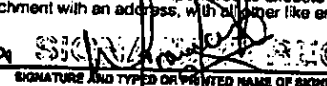
9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

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	PD LOPEZ, FRANCISCO R 15060 SW 103 TERR, APT 6102 MIAMI FL 33196 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LOPEZ, MILEDIS 15060 SW 103 TERR, APT 6102 MIAMI FL 33196 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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 807, 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-221-4348
Date Daytime Phone #