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

[redacted]

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
15060 SW 103 TERR, APT 6102 MIAMI FL 33196	15060 SW 103 TERR, APT 6102 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: Miami, FL	City & State: Miami, FL
Zip: 33184 Country: USA	Zip: 33184 Country: 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	7. Name and Address of New Registered Agent
CORONADO, NESTOR 7360 CORAL WAY, SUITE 21 MIAMI FL 33155	Name: Carlos Latoni Street Address (P.O. Box Number is Not Acceptable): 9701 SW 77 #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 [signature] Carlos Latoni 04/25/02
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE: PD NAME: LOPEZ, FRANCISCO R STREET ADDRESS: 15060 SW 103 TERR, APT 6102 CITY-ST-ZIP: MIAMI FL 33196	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
TITLE: SD NAME: LOPEZ, MILEDIS STREET ADDRESS: 15060 SW 103 TERR, APT 6102 CITY-ST-ZIP: MIAMI FL 33196	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
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CR2E034 (9/01)

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: [signature] SIGNATURE REQUIRED 305-221-4348
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #