

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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

02-24-2002 90005 022 ***158.75

DOCUMENT # **P 01 000 114952** ✓

1. Entity Name

S & A ENTERPRISES OF MIAMI, INC.

DO NOT WRITE IN THIS SPACE

824729

2. Principal Place of Business

8231 NW 66 STREET

3. Mailing Address

8201 NW 66 STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 3

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33166

Country

US

Zip

33166

Country

US

4. FEI Number

05-1158982

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

SONIA A. HERRERA

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

8231 NW 66 Street

City

MIAMI

FL

Zip Code

33166

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IN THIS SPACE**

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)

☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSD
SONIA A. Herrera
8231 NW 66 Street
MIAMI, FL 33166**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**UTD
Adolfo A. Herrera
8231 NW 66 Street
MIAMI, FL 33166**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SONIA A. HERRERA 02/06/02 305-470-2209

Date

Daytime Phone #

CR2E034B (12/01)