

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2002 8:00 am**  
**Secretary of State**

04-10-2002 90468 015 \*\*\*150.00

0000259 AV

**DOCUMENT # P01000117352**  
**1. Entity Name**  
**SOUTH AMERICAN BUSINESS DEVELOPMENT CORP**

**Principal Place of Business**      **Mailing Address**  
**25 SE 2 AVE. 410**      **25 SE 2 AVE. 410**  
**MIAMI FL 33131**      **MIAMI FL 33131**

**2. Principal Place of Business**      **3. Mailing Address**  
**1114 ZALCEDO ST**      **1114 ZALCEDO ST**  
**Suite, Apt. #**      **Suite, Apt. #, etc.**

**City & State**      **City & State**  
**CORAL GABLES, FL**      **CORAL GABLES, FL**  
**Zip**      **Zip**      **Country**      **Country**  
**33134**      **33134**

**4. FEI Number**      **Applied For**  
**65-1158713**      **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**  
**BEGA, JOSE M**      **FERNANDO YANEZ**  
**25 SE 2 AVE, 410**      **1114 ZALCEDO ST.**  
**MIAMI FL 33131**      **CORAL GABLES, FL**      **Zip Code**  
**33134**

**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**      **DATE**  
**4/1/02**

**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.**      **FILE NOW!!! FEE IS \$150.00**  
**(See criteria on back)**      **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	D	<input type="checkbox"/> Delete	TITLE	P/S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	YANEZ FUENTES, FERNANDO ELIAS		NAME		
STREET ADDRESS	25 SE 2 AVE, 410		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33131		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

**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 reports 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: X**      **PRESIDENT**      **4/1/02**      **305-445-0203**  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**      **Date**      **Daytime Phone #**

CR2E034 (9/01)