

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90479 006 ***150.00

DOCUMENT # P02000029647

1. Entity Name
SAEF ENTERPRISES, INC.



Principal Place of Business
7100 W 20TH AVE STE 111
HIALEAH FL 33016

Mailing Address
7100 W 20TH AVE STE 111
HIALEAH FL 33016



2. Principal Place of Business

3. Mailing Address

3725 SOUTH OCEAN DRIVE 3725 SOUTH OCEAN DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1512

1512

City & State
HOLLYWOOD, FL

City & State
HOLLYWOOD, FL

33019 BROWARD

33019 BROWARD

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

04-3641462

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FERNANDEZ, ERIC MD
7100 W 20TH AVE STE 111
HIALEAH FL 33016

7. Name and Address of New Registered Agent

Name ERIC FERNANDEZ, M.D. (SAME)
Street Address 3725 SOUTH OCEAN DRIVE
#1512
City HOLLYWOOD FL 33019

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-8-03

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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FERNANDEZ, ERIC MD	
STREET ADDRESS	7100 W 20TH AVE STE 111	
CITY-ST-ZIP	HIALEAH FL 33016	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ERIC FERNANDEZ, M.D.	
STREET ADDRESS	3725 SOUTH OCEAN DRIVE #1512	
CITY-ST-ZIP	HOLLYWOOD, FL 33019	
TITLE	VICE-PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOLEDAD ARMAS	
STREET ADDRESS	3725 SOUTH OCEAN DRIVE #1512	
CITY-ST-ZIP	HOLLYWOOD, FL 33019	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)