

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 25, 2003 8:00 am
Secretary of State

07-25-2003 90096 035 ***150.00

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DOCUMENT # P02000035646

1. Entity Name

SAGA ILLUSIONS, INC.



Principal Place of Business
**5421 SW 44 TERR
FT LAUDERDALE FL 33314**

Mailing Address
**5421 SW 44 TERR
FT LAUDERDALE FL 33314**



2. Principal Place of Business

5421 SW 44 Terr

3. Mailing Address

Same as above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

Ft. Lauderdale FL

City & State

Ft. Lauderdale FL

4. FEI Number

38-3646198

Applied For

☐ Not Applicable

Zip

33314

Country

Florida

Zip

33314

Country

USA

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

NUNEZ, NILKA E

5421 SW 44 TERR

FT LAUDERDALE FL 33314

Name

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

City

FL

Zip Code

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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME: **D**
STREET ADDRESS: **ORTIZ, ARLEEN**
CITY-ST-ZIP: **5421 SW 44 TERR
FT LAUDERDALE FL 33314**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME: **D**
STREET ADDRESS: **NUNEZ, NILKA E**
CITY-ST-ZIP: **5421 SW 44 TERR
FT LAUDERDALE FL 33314**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)

To whom it may concern:

I will like to inform that we didn't received a notice for filing for business corporation before this notice at the end of the month of June, but we are sending a business check for 150.00 U.S. dollars to establish our status as corporation.

Attachment #

Thank you for your time and attention to this matter.

Sage Illusions, inc.

(954) 673-9262

Ch. Gentry

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