

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90272 030 ***150.00

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DOCUMENT # P02000046320

1. Entity Name
SAUCO INC



Principal Place of Business
**1224 ALEXANDER BEND
WESTON FL 33327**

Mailing Address
**1224 ALEXANDER BEND
WESTON FL 33327**

2. Principal Place of Business
1224 Alexander Bend
Suite, Apt. #, etc.

3. Mailing Address
1224 Alexander Bend
Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State
Weston FL 33327

City & State
Weston FL 33327

4. FEI Number
74-304 8607

Applied For
 Not Applicable

Zip
33327 Country
USA

Zip
33327 Country
USA

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**BEHAR SCHNAIDER, MAYER L
1224 ALEXANDER BEND
WESTON FL 33327**

7. Name and Address of New Registered Agent

Name **Behar Schnaider, Mayer L.**
Street Address (P.O. Box Number is Not Acceptable)
1224 Alexander Bend
Weston F
City **Weston FL** Zip Code **33327**

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 *Mayer L. Schnaider* DATE **04/13/2003**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D <input type="checkbox"/> Delete
NAME	BEHAR SCHNAIDER, MAYER L
STREET ADDRESS	1224 ALEXANDER BEND
CITY-ST-ZIP	WESTON FL 33327
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Mayer L. Schnaider* **REQUIRED** DATE **04/13/2003** DAYTIME PHONE # **954-822-0952**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)