

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

**FILED**  
**Jan 31, 2003 8:00 am**  
**Secretary of State**

01-31-2003 90369 045 \*\*\*150.00

DOCUMENT # **P02000049013**

1. Entity Name

**SAVERIN ACQUISITION CORPORATION**



**DO NOT WRITE IN THIS SPACE**

**90014506**

2. Principal Place of Business

**7955 SW 86 st**

Suite, Apt. #, etc.  
**APT 521**

City & State  
**MIAMI FLORIDA**

Zip Country  
**33143 U.S.A.**

3. Mailing Address

**7955 SW 86 st**

Suite, Apt. #, etc.  
**APT 521**

City & State  
**MIAMI FLORIDA**

Zip Country  
**33143 U.S.A.**

DO NOT WRITE IN THIS SPACE

4. FEI Number **82-0553516**

Applied For  
Not Applicable

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

7. Name and Address of Current Registered Agent

Name **DANIEL SAVERIN**

Street Address (P.O. Box Number is Not Acceptable)  
**7955 SW 86 st # 521**

City **MIAMI** **FL** Zip Code **33143**

**DO NOT WRITE  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*[Signature]*

Signature, typed or printed name of registered agent and the fee if applicable.

(NOTE: Registered Agent signature required when registering.)

DATE

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$81.25

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 NAME STREET ADDRESS CITY - ST - ZIP	<b>PRESIDENT DANIEL SAVERIN 7955 SW 86 ST #521 MIAMI FL 33143</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>SECRETARY &amp; TREASURER JACQUELINE SAVERIN 7955 SW 86 ST #521 MIAMI FL 33143</b>
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**01/27/03 (305) 274-1779**  
Date Daytime Phone

CR2E034B (12/02)