

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

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 91071 019 ***158.75

DOCUMENT # P02000056502

1. Entity Name

S & A LIGHTING INC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

966 N.W 128 Ave.

Suite, Apt. #, etc.

3. Mailing Address

966 N.W 128 Ave

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
MIAMI FLA

City & State
MIAMI FLA.

4. FEI Number

75-3075426

Applied For

Not Applicable

Zip

33182

Country

Zip

33182

Country

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

IBIS MARTINEZ

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

966 N.W 128 Ave

City

MIAMI FLORIDA

FL

Zip Code

33182

**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 typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

3/13/03

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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	P
NAME	ISIDORO A. MARTINEZ
STREET ADDRESS	966 N.W 128 Ave.
CITY-ST-ZIP	MIAMI, FLA 33182
TITLE	VPSD
NAME	IBIS MARTINEZ
STREET ADDRESS	966 N.W 128 Ave
CITY-ST-ZIP	MIAMI FLA 33182
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

Secretary

3/13/03

786-299-2275

CR2E034B (12/02)