

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91786 017 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000117132

1. Entity Name

SARA HOMES, INC



DO NOT WRITE IN THIS SPACE

11041684

2. Principal Place of Business

615 W. CAPE CORAL PKWY

3. Mailing Address

615 W. CAPE CORAL PKWY

Suite, Apt. #, etc.

SUITE 204

Suite, Apt. #, etc.

SUITE 204

City & State

CAPE CORAL, FLORIDA

City & State

CAPE CORAL, FLORIDA

Zip

33914

Country

BROWARD

Zip

33194

Country

BROWARD

4. FEI Number

13-4225691

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

SERGIO I CAMPANTONI

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

17060 SW. 53 CT

City

MIRAMAR

FL

Zip Code
33027

**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.

04/29/03

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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
NAME
STREET ADDRESS
CITY-STATE-ZIP
DP
SERGIO I CAMPANTONI
17060 SW. 53 CT, MIRAMAR FL 33027

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
DV
ROY H HUGGINS
2516 SW. 2ND AVE, CAPE CORAL GL
33904

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
DS
ALFREDO GONZALEZ
18528 NW. 19 ST, PEMBROKE PINES FL
33029

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
DT
ALEXIS MATOS
17730 NW. 87 CT, MIAMI FL 33018

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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IN THIS SPACE**

CR2E034B (12/02)

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

04/29/03

786- 586-3197