

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name

PO2000130437
S.A.S. UNITED GROUP CORP.

Principal Place of Business

Mailing Address

6863 main street
miami lakes FL 33014

2. Principal Place of Business

6863 main st.

3. Mailing Address

Suite, Apt. #, etc.

City & State

miami lakes Fla.

City & State

Zip

33014

Country

USA

Zip

Country

4. FEI Number

13-4226467

Applied For

Not Applicable

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

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.

SIGNATURE

Mario J. Gadea

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back)

☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: PRES/SEC/TREASURER
NAME: Mario J. Gadea
STREET ADDRESS: 6863 main st.
CITY-ST-ZIP: miami lakes FL 33014

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: 800030951088
CITY-ST-ZIP: 03/23/04--01113--009 **300.00

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

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STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Mario J. Gadea

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/04 ()

Date

Daytime Phone #

FILED

04 MAR 23 AM 10:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03-04

DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)

MARCH 18, 2004

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
CORPORATE FILINGS
P.O. BOX 6327
TALLAHASSEE, FL. 32314

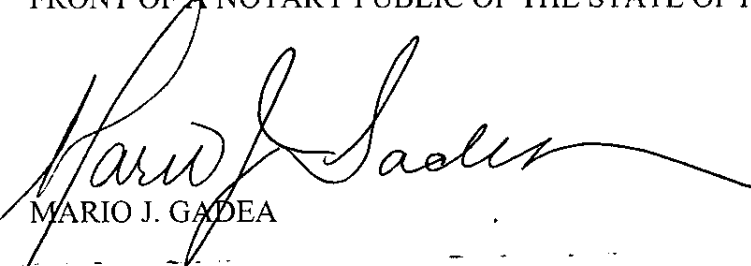
I THE UNDERSIGNED MARIO J. GADEA WHO RESIDES AT 6863 MAIN STREET,
MIAMI LAKES, FLORIDA, 33014 BY THIS MEANS CERTIFY:

THAT I AM THE PRESIDENT OF S.A.S. UNITED GROUP CORP.

THAT I NEVER RECEIVE THE UNIFORM BUSSINES REPORT OF THE YEAR
2003 AND 2004.

I AM SENDING YOU A CHECK FOR \$300.00 TO FILE 2003 AND 2004.

AND TO VERIFY THE ABOVE INFORMATION I AM SIGNING THIS LETTER IN
FRONT OF A NOTARY PUBLIC OF THE STATE OF FLORIDA.



MARIO J. GADEA

STATE OF FLORIDA
COUNTY OF DADE

SWORN AND SUBSCRIBED BEFORE ME
THIS MARCH 18 OF THE YEAR 2004


NOTARY PUBLIC