

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90065 016 ***158.75

DOCUMENT # P03607

1. Entity Name
SANVADI INC.

Principal Place of Business

**2600 SW 3RD AVE #800
 MIAMI FL 33129
 US**

Mailing Address

**PO BOX 450804
 MIAMI FL 33245-0804
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **98-0072863**

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

**ACEVEDO, RALPH A.
 2600 S.W. THIRD AVENUE
 STE 800
 MIAMI FL 33129**

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

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, 2002 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	DPT	<input type="checkbox"/> Delete
NAME	SANCHEZ MONTES, ANTONIO	
STREET ADDRESS	AV LIBERTADOR, CHACAO	
CITY-ST-ZIP	CARACAS, VENEZUELA	
TITLE	DV	<input type="checkbox"/> Delete
NAME	VADILLO, JOSE IGNACIO	
STREET ADDRESS	AV LIBERTADOR, CHACAO	
CITY-ST-ZIP	CARACAS, VENEZUELA	
TITLE	DS	<input type="checkbox"/> Delete
NAME	ACEVEDO, RAFAEL ANGEL	
STREET ADDRESS	819 PARADISO AVE.	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	VADILLO, INGACIO JR	
STREET ADDRESS	AVDA RIO CAURA, PRADOS DEL ESTE	
CITY-ST-ZIP	CARCAS VE	
TITLE	D	<input type="checkbox"/> Delete
NAME	ORRO SANCHEZ, ANTONIO RICARD	
STREET ADDRESS	AVDA RIO CAURA PRADOS DEL ESTE	
CITY-ST-ZIP	CARACUS VE	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rafael A. Acevedo

1/29/02 (305) 856-2586

Date

Daytime Phone #

CR2E034 (9/01)