

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

ATX1

<b>DOCUMENT #</b> P04000024252
<b>1. Entity Name</b> SABORIT AND ASELA INC

ps 1 72  
**FILED**  
05 SEP 30 AM 9:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

<b>2. Principal Place of Business</b> 7222 SW 132 PL		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI, FL		City & State	
Zip 33183	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

<b>4. FEI Number</b> 20-0708021		<b>Applied For</b> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

<b>Name</b> ASELA VILLANUEVA	
<b>Street Address (P.O. Box Number is Not Acceptable)</b> 7222 SW 132 PL	
<b>City</b> MIAMI	<b>Zip Code</b> 33183


**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**  **ASELA SABORIT, PRESIDENT** **9/26/2005**  
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** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS		11.	
<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY-ST-ZIP	<b>P</b> SABORIT, ASELA 7222 SW 132 PL MIAMI, FL 33183	<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY-ST-ZIP	
<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY-ST-ZIP		<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY-ST-ZIP	000060216460 10/04/05--01063--005 **150.00
<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY-ST-ZIP		<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</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:**  **ASELA SABORIT, PRESIDENT** **9/26/2005** **(305) 962-4760**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

PJ 292

**Saborit and Asela Inc.**  
**7222 SW 132 Place**  
**Miami, Florida 33183-3265**

September 26, 2005

Florida Department of State  
P O Box 6327  
Tallahassee, Florida 32314

Subject: SABORIT AND ASELA INC

Ref: P04000024252

Enclosed please find the 2005 Uniform Business Report, along with the payment of \$150.00.

We wish to request a waiver of the reinstatement fee, because we did not receive any previous notice from you in this regard, and did not realize that the payment had to be made.

We thank you for your understanding.

Sincerely,



Asela Saborit  
President