2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 01, 2000 8:00 am Secretary of State DOCUMENT # **P93000030350** CROSS SACASA-INCORPORATED 03-01-2000 90025 008 ***150.00 Principal Place of Business Mailing Address 13712-2 SW 147 CIRCLE LANE P.O. BOX 96-0411 MIAMI FL 33177-0004 MIAMI FL 33186 C0028193 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. - OƏ34 POBOX 7 City & State Applied For City_& State 4. FEI Number 65-0404880 HIAI Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired U.S. Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SACASA, MARILYN R Street Address (P.O. Box Number is Not Acceptable) 13712-2 SW 147 CIRCLE LN. **MIAMI FL 33186** Zip Code FL 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 _ DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Change ☐ Delete TITLE TITLE SACASA, MARILYN R NAME NAME STREET ADDRESS 13712-2 SW 147 CIRCLE LN. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33186** ☐ Addition ☐ Delete Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete NAME STREET ADDRESS 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 on rustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE: 02/18/00 (305) 255 7580

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Date

Date

Date

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changed, or on an attachment with an address, with all other like empowered.