

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR



FLORIDA DEPARTMENT OF
CORPORATIONS

DOCUMENT # **PA3000075321**

1. Corporation Name

SABSA / SOUTH AMERICAN BUSINESS

FILED

97 FEB 10 AM 9:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Mailing Address

Principal Place of Business

**6924 SW 114th PL., UNIT D,
MIAMI, FL. 33173**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

2. New Mailing Address, If Applicable

3. New Principal Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State
TAMPA, FL.

City & State

Not Applicable

Zip

Country

Zip

Country

33615

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	CECILIA JARAMILLO	6924 SW 114th PL., UNIT D, MIAMI, FL. 33173	
VP/D	ALAN COPLAND	8205 ROYAL SAND CR., #209, TAMPA, FL. 33615	

000002083980--9
-02/11/97--01142--006
****365.00 ****365.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**CECELIA JARAMILLO
6924 SW 114th PL., UNIT D,
MIAMI, FL. 33173**

Name **ROBERT COPLAND**
Street Address (P.O. Box Number is Not Acceptable)
10610 CHAMBERS DR.
Suite, Apt. #, Etc.
City **TAMPA** State **FL** Zip Code **33626**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Cecilia Jaramillo

REGISTERED AGENT MUST SIGN

Date **2/5/97**

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Cecilia Jaramillo

CECILIA JARAMILLO

2/5/97

Date

Daytime Phone #

CR20040 (6/94)