2002 Uniform Business Report (UBR)

DOCUMENT # P9400000440 1. Entity Name SATINWOOD INVESTMENTS, INC.				Secretary of State 03-26-2002 90031 004 ***150.00		
Principal Place of Business 2875 NE 191 ST PH 1 AVENTURA FL 33180 US		Mailing Address 2100 PARK CENTRAL BLVD N STE 900 POMPANO BCH FL 33064 US		DO NOT WRITE IN THIS SPACE		
2. Principal Place of Business		3. Mailing Address 2875 NE 191 STREET				
Suite, Apt. #, etc.		Suite, Apt. #, etc. PENTHOUSE ONE				
City & State		City & State AUGNTURA, FL		4. FEI Number 65-0458505	Applied For Not Applicable	
Zip 	Country	^{Zip} 33180	Country USA	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			Name *	7. Name and Address of New Registered Agent Name		
THEODORE J KLEIN, ATTY 88 NE 168 ST			Street Address (P.O. Box Number is Not Acceptable)			
N MIAMI BCH FL 33160			City	F	Zip Code	
SIGNATURE	Signature, typed or printed name of registered agent a pration is eligible to satisfy its Intangible	nd title if applicable. (NOTE	E: Registered Agent signature requir	ered agent, or both, in the State of Florida. ed when reinstating) DATE 10. Election Campaign Financing	\$5.00 May Be	
(See criteria on back) Make Check		Make Check Payab	02 Fee will be \$550.00 le to Department of St	Trust Fund Contribution	Added to Fees	
NAME	DPS - SREDNI, ISAAC 2875 NE 191 ST PH-1 AVENTURA FL 33180	☐ Delete	TITLE VICE NAME STREET ADDRESS 28	PRESIDENT 1X SREDNI 15 NE 191 ST., PENTHOL VENTURA, FL. 33180	☐ Change	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SREDNI, MIRIAM 2875 NE 191 ST PH-1 AVENTURA FL 33180	Delete	TITLE AS	SISTANT SECRETARY EXANDRA SLEDNI 75 NE 191 ST., PENTHE WENTURA FL 33180	Change Addition	
NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	NAME STREET ADDRESS CITY-ST-ZIP	man man of 193 - Salata Angella, in the management	= [_]. Change [_] Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADORESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS 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:

WELLOW TEN SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 3/12/02

305-945-0405