

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 31, 2000 8:00 am**  
**Secretary of State**

05-31-2000 90027 022 \*\*\*150.00

**DOCUMENT # P94000002776**

1. Entity Name  
**SAGE NETWORKING TECHNOLOGIES, INC.**

Principal Place of Business Mailing Address  
~~27219 S.W. 117TH PLACE~~ ~~27219 S.W. 117TH PLACE~~  
~~MIAMI FL 33032~~ ~~MIAMI FL 33032-3389~~

2. Principal Place of Business 3. Mailing Address  
**27356 SW 121st Ct.** **27356 SW 121st Ct.**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
**Miami, FL.** **Miami, FL.**  
 Zip Country Zip Country  
**33032** **33032**

4. FEI Number **65-0459207** Applied For  Not Applicable  
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

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

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

**RIVERA, AIDA**  
**27219 SW 117TH PL**  
**MIAMI FL 33032**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.   
**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>RIVERA, VICTOR</b> <b>27219 S.W. 117TH PLACE</b> <b>MIAMI FL 33032</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEO/COD</b> <b>RIVERA, VICTOR</b> <b>27356 SW 121st Ct</b> <b>MIAMI, FL. 33032</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **Victor Rivera** Date: **4/25/2000** Daytime Phone #: **305-251-4647**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)