

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 01, 2000 8:00 am**  
**Secretary of State**

08-01-2000 90002 022 \*\*\*550.00

**DOCUMENT # P94000051811**

1. Entity Name  
**S.A.I. ISLAS CARIBBEAN, INC.**

Principal Place of Business <b>AURA DE PINEDA          12360 SW 132 CT., SUITE <del>210</del> - 207          MIAMI FL 33186</b>	Mailing Address <b>AURA DE PINEDA          12360 SW 132 CT., SUITE <del>210</del> 207          MIAMI FL 33186-6463</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number <b>65-0505616</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

*PLEASE NOTICE NEW ADDRESS*

~~DE PINEDA, AURA →  
 12360 SW 132 CT.  
 SUITE #210  
 MIAMI FL 33186~~

**12350 SW. 132 CT.  
 SUITE 207  
 MIAMI - FL 33186**

7. Name and Address of New Registered Agent

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.  (See criteria on back)

**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	
TITLE <b>P</b>	<input type="checkbox"/> Delete
NAME <b>PINEDA, AURA</b>	
STREET ADDRESS <b>2030 SOUTHE OCEAN DRIVE</b>	
CITY-ST-ZIP <b>HALLANDALE FL 33009</b>	
TITLE <b>VP</b>	<input type="checkbox"/> Delete
NAME <b>PINEDA, RICARDO</b>	
STREET ADDRESS <b>2030 SOUTH OCEAN DRIVE</b>	
CITY-ST-ZIP <b>HALLANDALE FL 33009</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>S.</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>MARIO F. PINEDA</b>	
STREET ADDRESS <b>2030 South Ocean Dr. # 2218</b>	
CITY-ST-ZIP <b>Hallandale, FL. 33009</b>	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS <i>Rec'd 7-28-2000</i>	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS <i>Check # 6470</i>	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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 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:** \_\_\_\_\_ **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**  
 Date **12th 8, 2000** Daytime Phone # \_\_\_\_\_

11/15/01 7:10 AM JFC