

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000093679

1. Entity Name: SADA, INC.

SADA, INC.

FILED
Feb 28, 2000 8:00 am
Secretary of State

02-28-2000 90064 027 ***163.75

Principal Place of Business

Mailing Address

629 WITTINGHAM PL.
LAKE MARY FL 32746

P.O. BOX 608206
ORLANDO FL 32860-8206
US

2. Principal Place of Business

3. Mailing Address

1053 SCHULTZ AVE.

1053 SCHULTZ AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

WINTER PARK, FL.

WINTER PARK, FL.

Zip

Country

32789

USA

Zip

Country

32789

USA

4. FEI Number

59-3290503

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

GOMEZ, FRANCISCO
P.O. BOX 608206
ORLANDO FL 32860

Name

STEVE MURPHY

Street Address (P.O. Box Number is Not Acceptable)

1053 SCHULTZ AVE.

City

WINTER PARK

FL

Zip Code

32789

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

Steve P. Murphy

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: **PTS** ☒ Delete
NAME: **GOMEZ, FRANCISCO**
STREET ADDRESS: **629 WITTINGHAM PL.**
CITY-ST-ZIP: **LAKE MARY FL 32746**

TITLE: **PT** ☐ Change ☒ Addition
NAME: **STEVE MURPHY**
STREET ADDRESS: **1053 SCHULTZ AVE.**
CITY-ST-ZIP: **WINTER PARK, FL. 32789**

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: **S** ☐ Change ☒ Addition
NAME: **PAOLA SAENZ**
STREET ADDRESS: **1053 SCHULTZ AVE.**
CITY-ST-ZIP: **WINTER PARK, FL. 32789**

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ 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:

Steve P. Murphy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-17-00

Date

Daytime Phone #

(407) 718-3381

CR2E034 (9/99)