3. Mailing Address

City & State

Suite, Apt. #, etc.

Country

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

☐ Delete

Delete

☐ Delete

Delete

☐ Delete

☐ Defete

12.

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-7IP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

Name

City

2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P95000077688 SOUTH AMERICAN CONNECTION, INC. Mailing Address Principal Place of Business 10600 S.W. 139 AVENUE i võõvõ S.W. 139 AVENUE MIAMI FL 33186-3171 FL 33186

2. Principal Place of Business

COURSEN. JEANETTE

10600 S.W. 139 AVENUE **MIAMI FL 33186**

9. This corporation is eligible to satisfy its Intangible

COURSEN, JEANETTE I

10600 S.W. 139 AVENUE

Tax filing requirement and elects to do so.

MIAMI FL 33186

(See criteria on back)

Country

6. Name and Address of Current Registered Agent

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

OFFICERS AND DIRECTORS

Suite, Apt. #, etc.

City & State

Zip

SIGNATURE

11.

TITLE

NAME

TITLE

NAME

TITLE

NAMÉ

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

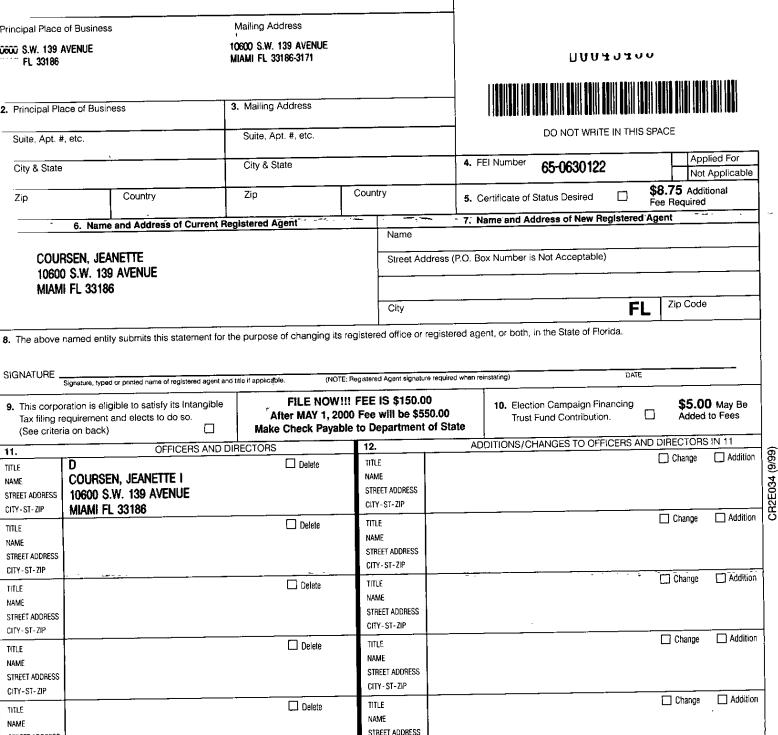
CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

FILED May 02, 2000 8:00 am Secretary of State

05-02-2000 90065 046 ***150.00



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:

☐ Addition

Change