## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P96000023658

Entity Name

## SAULO'S INTERIORS, INC.

## Principal Place of Business Mailing Address 2714 WEST 74TH STREET WEST 74TH STREET HIALEAH FL 33016-5429 \*\*\* FL 33016-5429 3. Mailing Address 2.1 Principal Place of Business بالمور فكالمبدد فطائلا فاستلغ بالمتم فيقفوه وفي وحمير الثيار Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0832506 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name VALBUENA, SAULO A Street Address (P.O. Box Number is Not Acceptable) 2714 WEST 74TH STREET HIALEAH FL 33016 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 Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Addition ☐ Change TITLE ☐ Delete TITI F VALBUENA, SAULO A NAME NAME STREET ADDRESS STREET ADDRESS 2714 WEST 74TH STREET CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL 33016-5429 ■ Addition ☐ Change TITLE ☐ Delete TITLE NAME VALBUENA, RAYSA Y NAME STREET ADDRESS STREET ADDRESS 2714 WEST 74TH STREET CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL 33016-5429 ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 than the provided in the changed. SIGNATURE: BUENA

FILED Apr 24, 2000 8:00 am Secretary of State

04-24-2000 90072 017 \*\*\*150.00