

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 03, 2003 8:00 am**  
**Secretary of State**

03-03-2003 90500 040 \*\*\*150.00

**DOCUMENT # P96000049589**

1. Entity Name

**SALES INTER-AMERICA, INC.**



Principal Place of Business

**10786 WILES RD  
CORAL SPRINGS FL 33076**

Mailing Address

**10786 WILES RD  
CORAL SPRINGS FL 33076**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0679322**

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**DEQUEVEDO, DIANE**

**10851 NW 33 ST 10786 WILES RD -  
C/O FIREPLACE & BBQ CENTER  
CORAL SPRINGS FL 33065 33076**

7. Name and Address of New Registered Agent

Name

**DE QUEVEDO, DIANE**

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

**10786 WILES RD -**

**C/O FIREPLACE + BBQ CENTER**

City

**CORAL SPRINGS**

FL

Zip Code

**33076**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☐ **\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	DE QUEVEDO, MIGUEL	
STREET ADDRESS	10851 NW 33 ST	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	DE QUEVEDO, DIANE	
STREET ADDRESS	10851 NW 33 ST	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE QUEVEDO, MIGUEL	
STREET ADDRESS	C/O FIREPLACE + BBQ CENTER	
CITY-ST-ZIP	10786 WILES RD - CORAL SPRINGS FL 33076	
TITLE	DVP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE QUEVEDO, DIANE	
STREET ADDRESS	C/O FIREPLACE + BBQ CENTER	
CITY-ST-ZIP	10786 WILES RD - CORAL SPRINGS FL 33076	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/05/03**

Date

**954 7554800**

Daytime Phone #