

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2002 8:00 am
Secretary of State

02-01-2002 90016 037 ***150.00

DOCUMENT # P96000050176

1. Entity Name
SAILSMAN, INC.

Principal Place of Business
970 SAN PEDRO AVE.
MIAMI FL 33156

Mailing Address
970 SAN PEDRO AVE.
MIAMI FL 33156



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **8399 NW 30th Terrace**

3. Mailing Address **11767 S. Dixie Hwy.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State **MIAMI, FLA.**

City & State **MIAMI, FLA.**

4. FEI Number **65-0672229**

Applied For
Not Applicable

Zip **33122**

Country **DADE**

Zip **33156**

Country **DADE**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCCORMICK, ARTHUR F IV
7550 RED RD., STE. 203
S. MIAMI FL 33143

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 _____ 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, 2002 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 **D** ☐ Delete
NAME **DOSAL, ALBERTO**
STREET ADDRESS **970 SAN PEDRO AVE.**
CITY-ST-ZIP **MIAMI FL 33156**

TITLE ☒ Change ☐ Addition
NAME **8399 N. W. 30th Terrace**
STREET ADDRESS **Miami, FL 33122-1916**
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **DOSAL, LOURDES**
STREET ADDRESS **970 SAN PEDRO AVE.**
CITY-ST-ZIP **MIAMI FL 33156**

TITLE ☒ Change ☐ Addition
NAME **8399 N. W. 30th Terrace**
STREET ADDRESS **Miami, FL 33122-1916**
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
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STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE ☐ Delete
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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: Alberto Dosal **JOINED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/2002 305-970-3622

Date Daytime Phone #

CR2E034 (9/01)