

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90121 032 ***150.00

DOCUMENT # P96000077511

1. Entity Name
SAGA BAY DEVELOPMENT INC.



Principal Place of Business
**235 SIDONIA AVENUE
SUITE 311
CORAL GABLES FL 33134**

Mailing Address
**235 SIDONIA AVENUE
SUITE 311
CORAL GABLES FL 33134**



2. Principal Place of Business

150 ALHAMBRA CIRCLE

3. Mailing Address

150 ALHAMBRA CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1240

1240

City & State

City & State

CORAL GABLES, FL

CORAL GABLES, FL

Zip

Country

Zip

Country

33134

U.S.A.

33134

U.S.A.

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0710900**

Applied For

Not Applicable

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

**FERNANDEZ, MARIO
235 SIDONIA AVENUE
SUITE 311
CORAL GABLES FL 33134**

Name

FERNANDEZ, MARIO

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

150 ALHAMBRA CIRCLE, SUITE 1240

City

CORAL GABLES

FL

Zip Code

33134

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

MARIO FERNANDEZ

4/28/03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PS** ☒ Delete
NAME **FERNANDEZ, MARIO**
STREET ADDRESS **235 SIDONIA AVENUE**
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **PS** ☒ Change ☐ Addition
NAME **FERNANDEZ, MARIO**
STREET ADDRESS **150 ALHAMBRA CIRCLE, SUITE #1240**
CITY-ST-ZIP **CORAL GABLES, FL 33134**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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: **X**

SIGNATURE REMARIO FERNANDEZ
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/03 305-461-0494

CR2E034 (10/02)