2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR RRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Mar 20, 2000 8:00 am Secretary of State DOCUMENT # **P9700006870** 1. Entity Name SABA COMPUTER CONSULTING, INC. 03-20-2000 90064 028 ***150.00 Principal Place of Business Mailing Address 4384 S.W. 13TH STREET 4384 S.W. 13TH STREET MIAMI FL 33134-2719 MIAMI FL 33134 2. Principal Place of Business, 8300 5W 144 6 Hee; 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State 4. FEI Number Applied For Trian! 65-0726757 Not Applicable 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 On-LINE, Inc. SABA, SANDRA 4384 S.W. 13TH STREET **MIAMI FL 33134** City 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. SIGNATUR (NOTE: Registered Agent signature required when reinstating) and title if applicable. 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE PD ☐ Delete TITLE M Change Addition SABA, BEHZA D 8300 SW 144 Street SABA, BEHZAD NAME NAME STREET ADDRESS STREET ADDRESS 4384 S.W. 13TH STREET miami, FL CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33134** UP, DIT, S Change ☐ Delete TITLE Addition TITLE DTS SABA, SANDRA SABA, SANDRA NAME NAME STREET ADORESS STREET ADDRESS 4384 S.W. 13TH STREET CITY-ST-7IP CITY-ST-ZIP MIAMI FL 33134 ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE TITLE. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 accuracy with all pther like empowered.