FOR PROFIT CORPORATION 2002
UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2002 8:00 am
Secretary of State
05-10-2002 90063 023 ***150.00

DOCUMENT # P97000018898

1. Entity Name: SOUTH AMERICAN INTERNATIONAL LEGAL CENTER, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2151 LE JEUNE RD.	2151 LE JEUNE ROAD
Suite, Apt. #, etc.: 200	Suite, Apt. #, etc.: SUITE 200
City & State: CORAL GABLES, FL	City & State: CORAL GABLES FL
Zip: 33134 Country: US	Zip: 33134 Country: US

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0834239 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: VICTOR A CAREAGA

Street Address (P.O. Box Number is Not Acceptable): 2151 LE JEUNE RD SUITE 200

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.

SIGNATURE _____ DATE
Signature of new registered agent, and/or if applicable (NOTE: Registered Agent's signature required for filing)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

January 1 - May 1 Fee Is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE	
NAME	VICTOR A. CAREAGA
STREET ADDRESS	11203 NW 73RD TERRACE
CITY-ST-ZIP	MIAMI FL 33178
TITLE	
NAME	
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CR2E034B (12/01)

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 on an attachment with an address, with all

SIGNATURE: Victor A Careaga 4/24/02 (305)441-7040
SIGNATURE AND TITLE OF OFFICER OR DIRECTOR — Date — Daytime Phone #