FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

FILED May 27, 2002 8:00 am Secretary of State 05-27-2002 90440 005 ***150.00

1. Entity Name							
SARTEGO INVESTMENTS, INC.							
	DO NOT WRITE	IN THIS S	PACE		671446		
1401	Place of Business Brickell Ave	3. Mailing Address 140, Brickell Aug					
Suite, Apt. #, etc. Suite 53 City & State		Suite, Apt. #, etc. Suite 530 City & State			DO NOT WRITE IN THIS SPACE		
Miani FC		Mioni, FC			4. FEI Number 65-01 82933	Applied For Not Applicable	
^{Zip} 3313	Country USA	33131	Country -		5. Certificate of Status Desired	\$8:75 Additional Fee Required	
			Name		7. Name and Address of Current Registere	d Agent	
DO NOT WRITE Street Address (E					m Downing O. Box Number is Not Acceptable)		
IIV IDIO OFAUE							
				<u>stuk</u>	530		
* -			City	wani	ر FL	Zip Code 38 131	
8. The above	named entity submits this statement for	r the purpose of changing its	registered office	or registere	ed agent, or both, in the State of Florida.		
SIGNATURE :	HOWM		sident	•	oul	29/02.	
	Signature, typed or printed name of registered agent		Registered Agent sig		when reinstating) DATE		
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 \$ After May 1, Fee is \$ Amended UBR is \$ Make Check Payable to Depa				00 5	10. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
1.1.	PTD OFFICERS AND I	DIRECTORS	33.0000	1	A Same and the sam		
NAME	poussing william		NAME:	*			
STREET ADDRESS CITY-ST-ZIP	1401 Brickell Ave, S	vite 530	STREET ADDRESS CITY+ST- ZIP	5		,	
TITLE	5 .		TITLE		de l'ambre d'an commission les les marches les la marches les les des ignations de la commission de la commission :		
NAME STREET ADDRESS	Downing, Teresa.	ute 530	NAME STREET ADDRESS				
CITY-ST-ZIP	Many Fr 33131		, CITY; ST; ZIP		was a second with the Part of		
TITLE NAME	•		TITLE				
STREET ADDRESS			NAME Street address		50 1107 11-11		
CITY-ST-ZIP			CITY-ST-ZIP		DO NOT WRI	TE	
TITLE NAME			TITLE		IN THIS SPACE	:F	
STREET ADDRESS			NAME STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP		<u></u>		
TITLE NAME	·		TITLE NAME			32.	
STREET ADDRESS	•		NAME. STREET ADDRESS	1			
CITY-ST-ZIP			: CITY-ST-ZIP	h			
TITLE		-	TITLE				
NAME STREET ADDRESS			NAME. STREET ADDRESS			***	
CITY-ST-ZIP			CITY+ST+ZIP			6	
					tion 119.07(3)(i), Florida Statutes. I further certi ame legal effect as if made under oath; that I ar 7. Florida Statutes: and that my name appears		

SIGNATURE:

ING OFFICER OR DIRECTOR