

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

DOCUMENT # **p97000084673**

1. Entity Name

**Sabor A Tango, Inc.**

FILED

02 MAR -5 PM 2:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**2775 E. 10 ave.**

Suite, Apt. #, etc.

3. Mailing Address

**2775 E. 10 ave.**

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**Hialeah, FL**

City & State

**Hialeah, FL**

4. FEI Number

**65-0784879**

Applied For

Not Applicable

Zip

**33013**

Country

Zip

**33013**

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

**Camilo Lamazares**

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

**2775 E. 10 ave.**

**Hialeah**

**FL**

**33013**

**DO NOT WRITE  
IN THIS SPACE**

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

*Camilo Lamazares*

(NOT: Registered Agent signature required when re-stating)

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 \$150.00

After May 1, Fee is \$350.00

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

STREET ADDRESS

CITY - ST - ZIP

**PID**

**Camilo Lamazares**

**2775 E. 10 ave.**

**Hialeah, FL 33013**

**1510**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**Alex J. Hernandez**

**2775 E. 10 ave.**

**Hialeah, FL 33013**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

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IN THIS SPACE**

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 other like empowered.

SIGNATURE:

*Camilo Lamazares*

(Signature and typed or printed name of signing officer or director)

Date

Daytime Phone #

SABOR A TANGO INC.  
DOC.#P97000084673


TO: DIVISION OF CORPORATION  
P.O. BOX 6327  
TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

DUE TO A CHANGE OF PRINCIPAL AND MAILING ADDRESS I NEVER RECEIVED FIRST NOR SECOND NOTICE OF SUCH REPORT. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN ITS CURRENT STATUS.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME AT THE NEW ADDRESS LISTED IN THE ANNUAL REPORT .

  
CORDIALEY  
CAMILO LAMAZARES  
PRESIDENT