

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90312 040 ***150.00

C0090844

DO NOT WRITE IN THIS SPACE

DOCUMENT # P970000092636 ✓
1. Entity Name
 SADIR INVESTMENT GROUP, INC.

Principal Place of Business 2103 Sycamore Lane East
 Plant City, FL 33566
Mailing Address P.O. Box 3299
 Plant City, FL 33566

2. Principal Place of Business 2103 Sycamore Lane East
3. Mailing Address P.O. Box 3299
 Suite, Apt. #, etc.

City & State PLANT CITY, FL
City & State PLANT CITY, FL
Zip 33566 **Country** U.S.A.
Zip 33566 **Country** U.S.A.

4. FEI Number 650790875
 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 ORTIZ-GARCIA RICARDO
 2103 Sycamore Lane East
 Plant City, FL 33566

7. Name and Address of New Registered Agent
 Name ORTIZ-GARCIA RICARDO
 Street Address (P.O. Box Number is Not Acceptable)
 2103 Sycamore Lane East
 City Plant City FL Zip Code 33566

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  RICARDO ORTIZ GARCIA. 4-27-00
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD <input type="checkbox"/> Delete	TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ORTIZ GARCIA RICARDO	NAME	ORTIZ GARCIA RICARDO
STREET ADDRESS	2103 SYCAMORE LANE EAST	STREET ADDRESS	2103 SYCAMORE LANE EAST
CITY-ST-ZIP	PLANT CITY, FL 33566	CITY-ST-ZIP	PLANT CITY FL 33566
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 address, with all other persons empowered.

SIGNATURE:  RICARDO ORTIZ GARCIA 4-27-00 813-752-0255
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #