

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000014421

1. Entity Name

SABROSO ENTERPRISES, INC.

**FILED**  
**May 24, 2000 8:00 am**  
**Secretary of State**

05-24-2000 90162 004 \*\*\*150.00

Principal Place of Business

Mailing Address

18974 S.E. OLD TRAIL DRIVE. EAST  
JUPITER FL 33468

18974 S.E. OLD TRAIL DRIVE. EAST  
JUPITER FL 33478-1807

2. Principal Place of Business

8004 NW 154 St

3. Mailing Address

8004 NW 154 St

Suite, Apt. #, etc.

PMB #109

Suite, Apt. #, etc.

PMB #109

City & State

Miami Lakes, FL

City & State

Miami Lakes, FL

4. FEL Number

65-0813946

APPLIED FOR

Applied For

Not Applicable

Zip

33016

Country

United States

Zip

33016

Country

United States

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WARNER, DIANE M  
8004 NW 154 STREET, PMB 109  
MIAMI LAKES FL 33016

Name

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

City

FL

Zip Code

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

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	DP	<input type="checkbox"/> Delete
NAME	WARNER, DIANE M	
STREET ADDRESS	8004 NW 154 STREET, PMB 109	
CITY-ST-ZIP	MIAMI LAKES FL 33016	
TITLE	V	<input type="checkbox"/> Delete
NAME	WEBER, RAYMOND	
STREET ADDRESS	8004 NW 154 STREET, PMB 109	
CITY-ST-ZIP	MIAMI LAKES FL 33016	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 like empowered.

SIGNATURE:

*Diane M Warner* Diane M Warner 5/1/00 (305) 554-3126

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)