

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90053 018 ***150.00

DOCUMENT # P98000014421

1. Entity Name

SABROSO ENTERPRISES, INC.

Principal Place of Business

Mailing Address

8004 NW 154 ST
PMB 109
MIAMI LAKES FL 33016
US

8004 NW 154 ST
PMB 109
MIAMI LAKES FL 33016
US

2. Principal Place of Business

PO Box 173431

3. Mailing Address

PO Box 173431

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Hialeah FL

City & State
Hialeah FL

4. FEI Number **65-0813946**

Applied For
Not Applicable

Zip **33017** Country **USA**

Zip **33017** Country **USA**

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 **Diane M Warner**

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

7870 NW 171 St

City **Hialeah** **FL** Zip Code **33015**

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 **Diane M Warner** **Diane M Warner** **4/29/01**
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, 2001 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 ☐ Delete
NAME **DP**
STREET ADDRESS **WARNER, DIANE M**
CITY-ST-ZIP **8004 NW 154 STREET, PMB 109**
MIAMI LAKES FL 33016

TITLE ☒ Change ☐ Addition
NAME **DP**
STREET ADDRESS **Warner, Dianne M**
CITY-ST-ZIP **7870 NW 171 St.**
Hialeah, FL 33015

TITLE ☐ Delete
NAME **V**
STREET ADDRESS **WEBER, RAYMOND**
CITY-ST-ZIP **8004 NW 154 STREET, PMB 109**
MIAMI LAKES FL 33016

TITLE ☒ Change ☐ Addition
NAME **V**
STREET ADDRESS **Weber, Raymond**
CITY-ST-ZIP **7870 NW 171 St**
Hialeah, FL 33015

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ 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** **4/29/01** **(305) 556-3126**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)