

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000025080**

Entity Name
SAWEN, INC.

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90074 007 ***150.00

Principal Place of Business
17017 NW 11 ST
PEMBROKE PINES FL 33028

Mailing Address
17017 NW 11 ST
PEMBROKE PINES FL 33028



DO NOT WRITE IN THIS SPACE

Principal Place of Business
17017 N.W. 11 St.
Suite, Apt. #, etc.

3. Mailing Address
17017 NW. 11 St.
Suite, Apt. #, etc.

City & State
Pembroke Pines, FL

City & State
Pembroke Pines, F

Zip
33028

Country
USA

Zip
33028

Country
U.S.A

4. FEI Number
65-0903515

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DIAMOND, ELIZABETH
17017 NW 11 ST
PEMBROKE PINES FL 33028

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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 *E. Diamond* - Elizabeth Diamond - Agent - 01-25-2002
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, 2002 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BARRAZA, ALEX 17017 NW 11 ST PEMBROKE PINES FL 33028	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BARRAZA, PLINIO A 17017 NW 11 ST PEMBROKE PINES FL 33028	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

3. 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: *ALEXNA BARRAZA*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-25-2002 **954**
885-0370
Date Daytime Phone #

CR2E034 (9/01)