

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000025336

1. Entity Name

SABANA REAL ESTATE, INC.

FILED

Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90072 032 ***150.00

Principal Place of Business

3 GROVE ISLE DR.
#508
MIAMI FL 33133

Mailing Address

3 GROVE ISLE DR.
#508
MIAMI FL 33145-3438

2. Principal Place of Business

1613 S.E. BALLANTRAE BLVD. N.
Suite, Apt. #, etc.

3. Mailing Address

1613 S.E. BALLANTRAE BLVD. N.
Suite, Apt. #, etc.

City & State

PORT SAINT LUCIE, FL

City & State

PORT ST. LUCIE

4. FEI Number

65-0826413

Applied For

Not Applicable

Zip

34952

Country

USA

Zip

34952

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HOLGUIN, JUAN M
8181 N.W. 14TH STREET #250
MIAMI FL 33126

7. Name and Address of New Registered Agent

Name: JUAN M. HOLGUIN

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

1613 S.E. BALLANTRAE BLVD. N.

City: PORT ST. LUCIE

FL

Zip Code: 34952

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 \$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

TITLE: D
NAME: HOLGUIN, JUAN M
STREET ADDRESS: 3 GROVE ISLE DR. #508
CITY-ST-ZIP: MIAMI FL 33133

☐ Delete

TITLE:
NAME:
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: JUAN M. HOLGUIN
NAME: 1613 S.E. BALLANTRAE BLVD. N.
STREET ADDRESS: PORT SAINT LUCIE, FL 34952
CITY-ST-ZIP:

☐ Change ☐ Addition

TITLE:
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CITY-ST-ZIP:

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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 an other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)