2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000026258

Entity Name

SAVANNAH CONSULTANT MANAGEMENT CORP.

Principal Place of Business 257 S.W. 78TH AVE

2. Principal Place of Business

MIAMI FL 33144

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS Mailing Address

257 S.W. 78TH AVE MIAMI FL 33144-2315

3. Mailing Address

DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0821169 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SALAS, MADALENE M Street Address (P.O. Box Number is Not Acceptable) 7255 NORTHWEST 3RD STREET **MIAMI FL 33126** Zip Code City FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12 CR2E034 (9/99 ☐ Change Addition ☐ Delete TITLE TITLE SALAS, MADALENE M NAME STREET ADDRESS 7255 NORTHWEST 3RD ST STREET ADDRESS MIAMI FL 33126 CITY-ST-ZIP CITY-ST-7IP Addition TITLE ☐ Delete NAME STREET ADDRESS STREET AODRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE MAME STREET ADDRESS STREET ADDRESS CITY-ST-7iP C!TY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

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

Delete

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

changed, or on an attachment with an address, with all other like empowered

FILED Feb 28, 2000 8:00 am

Secretary of State

02-28-2000 90068 013 ***150.00

☐ Change

☐ Addition