2002

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2002 8:00 am
Secretary of State
05-07-2002 90239 012 ***150.00

DOCUMENT # P98000037290
Entity Name

SOUTH AMERICAN OCEAN TEAM, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
510 Ocean Drive	10910 SW 25 Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: South Beach-Fl	City & State: Miami-Fl
Zip: 33139 Country: USA	Zip: 33165 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0832986 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: Roth Leonardo

Street Address (P.O. Box Number is Not Acceptable): 2875 NE 191 St.Ph3

City: Aventura FL Zip Code: 33180

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 (REQUIRED) Registered Agent signature required when reinstating) DATE

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

OFFICERS AND DIRECTORS

PD	Pavlicich,Julio Cesar 2875 NE 191 St. Ph3 Aventura-Fl 33180	TITLE NAME STREET ADDRESS CITY-ST-ZIP
V	Farina, Luis Maria 2875 NE 191 St/ Ph3 Aventura-Fl. 33180	TITLE NAME STREET ADDRESS CITY-ST-ZIP
D	Incontrato, Stella M. 2875 NE 191 St. Ph3 Aventura-Fl. 33180	TITLE NAME STREET ADDRESS CITY-ST-ZIP
D	Nilda, Catalina S 2875 NE 191 St. Ph3 Aventura-Fl. 33180	TITLE NAME STREET ADDRESS CITY-ST-ZIP
D	Pavlicich, Jorge 2875 NE 191 St. Ph3 Aventura-Fl. 33180	TITLE NAME STREET ADDRESS CITY-ST-ZIP
		TITLE NAME STREET ADDRESS CITY-ST-ZIP

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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 1 or 2 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4-24-02 (305) 5536101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #