

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 12, 2000 8:00 am**  
**Secretary of State**

04-12-2000 90002 010 \*\*\*158.75

**DOCUMENT # P98000040356**

1. Entity Name  
**SANGAR INTERNATIONAL CORP.**

Principal Place of Business <b>13450 SW 23 STREET MIAMI FL 33175</b>	Mailing Address <b>13450 SW 23 STREET MIAMI FL 33175-1126</b>
-----------------------------------------------------------------------------	----------------------------------------------------------------------

2. Principal Place of Business <b>9900 NW 25<sup>th</sup> St. Suite, Apt. #, etc. 208</b>	3. Mailing Address <b>13450 SW 23<sup>rd</sup> St. Suite, Apt. #, etc. #</b>
------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------

City & State <b>Miami, FL</b>	City & State <b>Miami, FL #</b>	4. FEI Number <b>65-0833566</b>	Applied For Not Applicable
Zip <b>33172</b>	Country <b>USA</b>	Zip <b>33175</b>	Country <b>USA</b>



DO NOT WRITE IN THIS SPACE

5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>SANTANA, AMBAR D 13450 SW 23RD STREET MIAMI FL 33175</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code

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) 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, 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PTD SANTANA, CARLOS M 13450 SW 23 STREET MIAMI FL 33175</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD SANTANA, AMBAR D 13450 SW 23 STREET MIAMI FL 33175</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V GARCIA, ELISA G 13800 SW 68 STREET MIAMI FL 33183</b> <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]* **REQUIRED** **4/10/00 (305) 593-2020**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)