

P98000045209

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

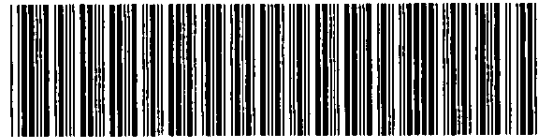
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900208851009

AC
6/10/02
SA



Rivera, Maribel

From: info@basicaccountingservice.com
Sent: Wednesday, June 22, 2011 12:30 PM
To: CorpAddressChange
Subject: SABOR RESTAURANT INC

NAME: SABOR RESTAURANT INC

DOCUMENT NUMBER: P98000045209

FEI: 650860119

"ONLY MAILING ADDRESS"

OLD ADDRESS: 9821 NW 117 WAY, MEDLEY, FL 33178

NEW ADDRESS: 920 NW 40 AVE, MIAMI, FL 33126

GSH