

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 30, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P98000091963**1. Entity Name  
SAHORI VENTURES OF FLORIDA, INC.**Principal Place of Business**% AGIM REGISTERED AGENTS, INC.  
1200 BRICKELL AVENUE, STE. 900  
MIAMI FL 33131**Mailing Address**% AGIM REGISTERED AGENTS, INC.  
1200 BRICKELL AVENUE, STE. 900  
MIAMI FL 331312. Principal Place of Business  
C/O AGI REGISTERED AGENTS, INC.3. Mailing Address  
C/O AGI REGISTERED AGENTS, INC.Suite, Apt. #, etc.  
1200 BRICKELL AVENUE, STE. 900Suite, Apt. #, etc.  
1200 BRICKELL AVENUE, STE. 900City & State  
MIAMI FLCity & State  
MIAMI FLZip Country  
33131Zip Country  
331314. FEI Number  
**52-212777**Applied For  
Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**AGIM REGISTERED AGENTS, INC.  
1200 BRICKELL AVENUE, SUITE 900  
  
MIAMI FL 33131 US**7. Name and Address of New Registered Agent**Name  
AGI REGISTERED AGENTS, INC.  
Street Address (P.O. Box Number is Not Acceptable)  
1200 BRICKELL AVENUE, SUITE 900  
  
City  
MIAMI FL Zip Code  
33131

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 **ROBERT R. ADAMS, PRESIDENT****04/30/2001**

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 IS \$150.00**  
**After MAY 1, 2001 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	BUSQUESTS DE CANO ANA MARIA	745 CRANDON BLVD., UNIT 308	KEY BISCAVNE FL 33149	<input type="checkbox"/>
D	CANO BUSQUETS MARIA JOSE	745 CRANDON BLVD., UNIT 308	KEY BISCAVNE FL 33149	<input type="checkbox"/>
D	BUSQUETS CAMILO CANO	745 CRANDON BLVD., UNIT 308	KEY BISCAVNE FL 33149	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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 all other like empowered.

**SIGNATURE: CAMILO CANO BUSQUETS****D****04/30/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)