

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P98000091963

FILED  
May 01, 2002 8:00 AM  
Secretary of State

**Entity Name:** SAHORI VENTURES OF FLORIDA, INC.

**Current Principal Place of Business:**

C/O AGI REGISTERED AGENTS, INC.  
1200 BRICKELL AVENUE, STE. 900  
MIAMI, FL 33131

**New Principal Place of Business:**

**Current Mailing Address:**

C/O AGI REGISTERED AGENTS, INC.  
1200 BRICKELL AVENUE, STE. 900  
MIAMI, FL 33131

**New Mailing Address:**

**FEI Number:** 52-2127777

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

AGI REGISTERED AGENTS, INC.  
1200 BRICKELL AVENUE, SUITE 900  
MIAMI, FL 33131 US

**Name and Address of New Registered Agent:**

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:**

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: BUSQUETS, CAMILO CANO  
Address: 745 CRANDON BLVD., UNIT 308  
City-St-Zip: KEY BISCAYNE, FL 33149

Title: D ( ) Delete  
Name: CANO BUSQUETS, MARIA JOSE  
Address: 745 CRANDON BLVD., UNIT 308  
City-St-Zip: KEY BISCAYNE, FL 33149

Title: D ( ) Delete  
Name: BUSQUESTS DE CANO, ANA MARIA  
Address: 745 CRANDON BLVD., UNIT 308  
City-St-Zip: KEY BISCAYNE, FL 33149

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** CAMILO CANO BUSQUETS

D

05/01/2002

Electronic Signature of Signing Officer or Director

Date