

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000001451

1. Entity Name
SARAH E. AGUILA, INC.

FILED
Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90096 037 ***150.00

Principal Place of Business
11340 SW 102 COURT
MIAMI FL 33176

Mailing Address
11340 SW 102 COURT
MIAMI FL 33176-4140

00001001



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
11340 SW 102 ct
Suite, Apt. #, etc.
Miami, Fla.

3. Mailing Address
Same
Suite, Apt. #, etc.

City & State
Miami, FL

City & State
Miami, FL

4. FEI Number
165-0888454
Applied For
Not Applicable

Zip
33176
Country
U.S.A.

Zip
33176
Country
U.S.A.

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

6. Name and Address of Current Registered Agent

AGUILA, SARAH E
11340 SW 102 COURT
MIAMI FL 33176

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
	PSTD			
	AGUILA, SARAH E	11340 SW 102 COURT	MIAMI FL 33176	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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 all other like empowered.

SIGNATURE: Sarah E. Aguila 1/4/00 305-234-9397
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)