

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 14, 2000 8:00 am
Secretary of State

05-04-2000 90110 006 ***150.00

DOCUMENT # **p99000003474 R**
 Entity Name
SAN MEJO CORPORATION

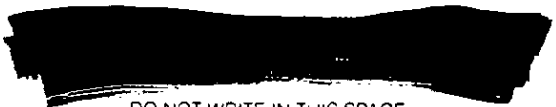
Principal Place of Business
MIAMI, FL

Mailing Address
**5236 NW 112 COURT
 MIAMI, FL 33178**

Principal Place of Business
5236 NW 112 COURT

Mailing Address
5236 NW 112 COURT

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
MIAMI FL

City & State
MIAMI FL

4. FEI Number
65-1012899

Applied For
 Not Applicable

Zip
33178

Country
USA

Zip
33178

Country
USA

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

6. Name and Address of Current Registered Agent
**DAVID ALEJANDRO ADELSON
 5236 NW 112 COURT
 MIAMI, FL 33178**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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: _____
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) C-7E

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**

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
ADDRESS ST-ZIP	DAVID ALEJANDRO ADELSON <input type="checkbox"/> Delete 5236 NW 112 COURT MIAMI, FL 33178	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS ST-ZIP	SD ALBERTO RIVADENEIRA <input type="checkbox"/> Delete 7800 N W 25 ST. SUITE 110 MIAMI, FL 33122	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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ADDRESS ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 located 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 as changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **06/01/00**

2000 UNIFORM BUSINESS REPORT (UBR)

S/4/00-90110-006-\$150.00-\$150.00

Attachment
306323

DOCUMENT #
1. Entity Name **R99 00000 3474**
SAN ALEJO CORPORATION

Principal Place of Business **MIAMI, FL.** Mailing Address **5236 N W 112 COURT MIAMI, FL 33178**

2. Principal Place of Business **5236 N W 112 COURT** 3. Mailing Address **5236 N W 112 COURT**

Suite, Apt. #, etc. --- Suite, Apt. #, etc. ---

City & State **MIAMI FL** City & State **MIAMI FL**

Zip **33178** Country **VSA** Zip **33178** Country **VSA**



DO NOT WRITE IN THIS SPACE

4. FEI Number _____ Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

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 _____ (NOTE: Registered Agent signature required when registering) 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

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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PP DAVID ALEJANDRO ADELSON <input type="checkbox"/> Delete 5236 NW 112 COURT MIA, FL 33178	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ALBERTO RIVERA BENA <input type="checkbox"/> Delete 7800 N.W 25 ST. SUITE 110 MIA, FL 33122	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
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SIGNATURE: *[Signature]* 2 04 / 28 / 00

CR2F074 (9/99)