

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90636 026 ***150.00

DOCUMENT # P99000003474
 1. Entity Name
SANAJEJO CORP ✓

Principal Place of Business Mailing Address
5236 NW 112 COURT
MIAMI FL 33178

2. Principal Place of Business 3. Mailing Address
5236 NW 112 CT **5236 NW 112 CT**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

00056775

DO NOT WRITE IN THIS SPACE

City & State **MIAMI FL** City & State **MIAMI FL**
 Zip **33178** Country Country **33178**

4. FEI Number **65-101-2899** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ (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 \$350.00
Make Check Payable to: Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Fee Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PD	DAVID ADELSOHN <input type="checkbox"/> Delete
NAME	5236 NW 112 COURT
STREET ADDRESS	MIAMI FL 33178
CITY - ST - ZIP	
TITLE SD	ALBERTO RIVADENEIRA <input checked="" type="checkbox"/> Delete
NAME	7800 NW 2557 SUITE 110
STREET ADDRESS	MIAMI FL 33122
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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:  **09/28/01**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2E34 (1/00)