

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 17, 2003 8:00 am
Secretary of State
03-17-2003 90463 048 ***150.00

DOCUMENT # **P-99000024930**

1. Entity Name
SAXOFUN INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
633 S. ROYAL PONCIANA

Suite, Apt. #, etc.
BLVD - Ste 103

City & State
MIAMI Springs FL

Zip
33166-7236

Country
MIAMI - DADE

3. Mailing Address
633 S. ROYAL PONCIANA

Suite, Apt. #, etc.
BLVD Ste 103

City & State
MIAMI Springs FL

Zip
33166-7236

Country
MIAMI - DADE

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-092405

Applied For
Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
DAVID D. FERNANDEZ

Street Address (P.O. Box Number is Not Acceptable)
**633 S. ROYAL PONCIANA BLVD.
APT. 103**

City
MIAMI Springs **FL** Zip Code
33166-7236

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
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) ☐

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
PRESIDENT
NAME
DAVID FERNANDEZ
STREET ADDRESS
633 S. ROYAL PONCIANA BLVD Ste 103
CITY - ST - ZIP
MIAMI Springs FL 33166-7236

TITLE
Secretary
NAME
ANGELY D. FERNANDEZ
STREET ADDRESS
633 S. ROYAL PONCIANA BLVD Ste 103
CITY - ST - ZIP
MIAMI Springs FL 33166-7236

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: **David Fernandez**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

02/17/03