

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000029024

1. Entity Name

SAWGRASS INVESTMENT GROUP, INC.

FILED

May 11, 2000 8:00 am
Secretary of State

05-11-2000 90286 050 ***150.00

Principal Place of Business

4230 S.W. 8TH ST.
MIAMI FL 33134

Mailing Address

4230 S.W. 8TH ST.
MIAMI FL 33134-2619

2. Principal Place of Business

15990 NW 49 Ave

3. Mailing Address

15990 NW 49 Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

65-0920154

Applied For

Not Applicable

Zip

33014

Country

Zip

33014

Country

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

655608



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RIOBUENO, LUIS A
1669 SALERNO CIRCLE
WESTON FL 33327

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 *Luis A. Riobueno*

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) ☒

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	RIOBUENO, LUIS A	
STREET ADDRESS	1669 SALERNO CIRCLE	
CITY-ST-ZIP	WESTON FL 33327	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Antonio Garin Ramos	
STREET ADDRESS	15990 NW 49 Ave	
CITY-ST-ZIP	Miami, FL 33014	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Peter Balogh	
STREET ADDRESS	15490 NW 49 Ave	
CITY-ST-ZIP	Miami, FL 33014	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ignacio Moreno	
STREET ADDRESS	15490 NW 49 Ave	
CITY-ST-ZIP	Miami, FL 33014	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Karen Bucarito	
STREET ADDRESS	871 San Remo Drive	
CITY-ST-ZIP	Weston, FL 33326	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Oswaldo Godoy	
STREET ADDRESS	1601 NW 108 Ave, #124	
CITY-ST-ZIP	Plantation, FL 33322	

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:

Luis A. Riobueno

4/28/00

(305) 624-7422

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #