2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000030243

1. Entity Name

SAM INTERPRISES GROUP, INC.

Principal Place of Business	Mailing Address
175 FOINTAINBLEAU BLVD. SUITE 2G3 MIAMI FL 33172	175 FOINTAINBLEAU BLVD. SUITE 2G3 MIAMI FL 33172-4511

B0028671

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address		
175 Fontainebleau Blvd	175 Fontainebleau Blvd		
Suite, Apt. #, etc. # 2-G6	Suite, Apt. #, etc. # 2-G6		
City & State Miami FLA	City & State Miami FLA	4. FEI Number 65-091-5918	Applied For / Not Applicable
Zip 33172	Country USA	Zip 33172	Country USA	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
AMPUERO, SERGIO 11513 NW 4TH WAY MIAMI FL 33172	Name Rodolfo Abad Campos Street Address (P.O. Box Number is Not Acceptable) 175 Fontainebleau Blvd # 2 G6 Miami FL City Miami FL Zip Code 33172

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 2/15/00

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		12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD AMPUERO, SERGIO 11513 NW 4TH WAY MIAMI FL 33172	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Sergio Ampuero 175 Fontainebleau Blvd #2G6 Miami, FLA 33172	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Rodolfo Abad Campos 175 Fontainebleau Blvd # 2G6 Miami, FL 33172	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/99)

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: _____ 2/15/00 (305) 485-2900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #