

2000 UNIFORM BUSINESS REPORT (UBR)

2/5/00-90053-031-\$150.00-\$150.00

DOCUMENT # P99000046279

1. Entity Name

SARAVA, INC.

Principal Place of Business

1840 WEST 49TH STREET-STE. 404
HIALEAH FL 33012

Mailing Address

1840 WEST 49TH STREET-STE. 404
HIALEAH FL 33012-2950

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

1840 WEST 49 STREET-STE 404

Suite, Apt. #, etc.

1840 WEST 49 STREET-STE 404

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0920834

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

LLORENS, HECTOR R

1840 WEST 49TH STREET-STE. 404
HIALEAH FL 33012

Name

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

1840 WEST 49TH STREET-STE. 404

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

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)

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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.

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\$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	D LLORENS, HECTOR R 8655 S.W. 74 TERRACE MIAMI FL 33143	<input type="checkbox"/> Delete	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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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

APPROVED
AND
FILED

00 MAR 10 PM 4:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE