

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90462 009 ***150.00

DOCUMENT # P99000046279

1. Entity Name
SARAVA, INC.



Principal Place of Business
~~1040 WEST 49TH STREET, STE. 404~~
~~MIAMI FL 33012~~

Mailing Address
~~1040 WEST 49TH STREET, STE. 404~~
~~MIAMI FL 33012~~



2. Principal Place of Business
804 PONCE DE LEON BLVD.

3. Mailing Address
1200 NW 78 AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
MIAMI, FL.

City & State
MIAMI, FL.

4. FEI Number **65-0920834**

Applied For
Not Applicable

Zip
33134

Country

Zip
33126

Country

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

6. Name and Address of Current Registered Agent

LLORENS, HECTOR R
1040 WEST 49TH STREET, STE. 404
MIAMI FL 33012

7. Name and Address of New Registered Agent

Name

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

10843 SW 74 TERRACE

City
MIAMI

FL

Zip Code
33173

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **D LLORENS, HECTOR R**
STREET ADDRESS ~~1040 WEST 49TH STREET, STE. 404~~
CITY-ST-ZIP ~~MIAMI FL 33012~~

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **10843 SW 74 TERRACE**
CITY-ST-ZIP **MIAMI, FL. 33173**

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HECTOR R. LLORENS
DIRECTOR / PRESIDENT

4/17/03 (305) 443 3132

Date

Daytime Phone #

CR2E034 (10/02)