FILED
May 16, 2002 8:00 am
Secretary of State
05-16-2002 90004 017 ***150.00

2002 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000064544

1. Entity Name
SAALTRUST REAL ESTATE CORPORATION

656285

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
17001 COLLINS AVE.	
Suite, Apt. #, etc. SUITE #292	Suite, Apt. #, etc.
City & State SUNNY ISLES BEACH, FLA.	City & State
Zip 33160 Country USA	Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0937055 ☐ 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 MARK ROUSSO, ESQ
Street Address (P.O. Box Number is Not Acceptable) 3440 HOLLYWOOD BLVD. #360
City Hollywood, FL Zip Code 33021

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	DP	TITLE	
NAME	CACCIAVILLANI, RAFAEL L.	NAME	
STREET ADDRESS	4390 S.W. 14 STREET	STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES, FLA. 33134	CITY-ST-ZIP	
TITLE	SDT	TITLE	
NAME	RUTH SAAL, ALICIA	NAME	
STREET ADDRESS	3343 N.E. 171 ST	STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI BEACH, FLA. 33160	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	DO NOT WRITE IN THIS SPACE
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034B (12/01)

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: [signature] ALICIA RUTH SAAL 4/24/02 (305)944-8270
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #