

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91391 048 \*\*\*150.00

**DOCUMENT # P99000064541**

1. Entity Name  
**SAALTRUST REAL ESTATE CORPORATION**



Principal Place of Business  
1700 COLLINS AVE.  
SUITE #292  
MIAMI, FL 33160

Mailing Address  
21251 N.E. 3RD COURT  
NORTH MIAMI BEACH, FL 33179

**90126903**

2. Principal Place of Business  
**183 SUNNY ISLES BLVD.**  
Suite, Apt. #, etc.

3. Mailing Address  
**183 SUNNY ISLES BLVD.**  
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State  
**SUNNY ISLES BEACH, FL.**

City & State  
**SUNNY ISLES BEACH, FL**

4. FEI Number  
**65-0937055**

Applied For  
☐ Not Applicable

Zip  
**33160**

Country  
**USA.**

Zip  
**33160**

Country  
**USA.**

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

**6. Name and Address of Current Registered Agent**

**ROUSSO, MARK ESQ**  
**3440 HOLLYWOOD BLVD #360**  
**HOLLYWOOD, FL 33021**

**7. Name and Address of New Registered Agent**

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. 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 installing)

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
BRUZZONE, NATALIE  
17001 COLLINS AVENUE, SUITE 292  
SUNNY ISLES BEACH, FL 33160 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SDT  
RUTH SAAL, ALICIA  
21251 N.E. 3RD COURT  
NORTH MIAMI BEACH, FL 33179 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
**183 Sunny Isles Blvd.**  
**Sunny Isles Bch, FLA-33160**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
**183 Sunny Isles Blvd.**  
**Sunny Isles Bch, FLA-33160**

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

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

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

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

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: Natalie Bruzzone NATALIE BRUZZONE

4/28/2003 (786) 253-8135

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)