

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2003 8:00 am
Secretary of State

02-26-2003 90173 041 ***150.00

DOCUMENT # P99000068588

1. Entity Name
SAGO ASSOCIATES, CORP.



Principal Place of Business
**536 SW 87 PLACE
MIAMI FL 33174**

Mailing Address
**536 SW 87 PLACE
MIAMI FL 33174**

2. Principal Place of Business **#515**
9320 Fountainbleau Blvd

3. Mailing Address **#515**
9320 Fountainbleau Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Miami, FL

City & State
Miami, FL

4. FEI Number **65-1050163**

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

**SABOGAL, JUAN M
536 SW 87 PLACE
MIAMI FL 33174**

Name **Juan M. Sabogal**
Street Address (P.O. Box Number is Not Acceptable)
9320 Fountainbleau Blvd #515
City **Miami** FL **33174**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PS** ☐ Delete
NAME **SABOGAL, JUAN**
STREET ADDRESS **9310 FOUNTAINBLEAU BLVD #509**
CITY-ST-ZIP **MIAMI FL 33172**

TITLE ☒ Change ☐ Addition
NAME **9320 Fountainbleau Blvd #515**
STREET ADDRESS **Miami, FL 33172**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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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

2/21/03 986.554-1139

Date

Daytime Phone #

CR2E034 (10/02)