

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000076071

1. Entity Name

SASTELL, INC.

f

FILED
Aug 04, 2000 8:00 am
Secretary of State

08-04-2000 90005 032 ***150.00

Principal Place of Business

7698 N.W. 179TH TERRACE
MIAMI FL 33015

Mailing Address

7698 N.W. 179TH TERRACE
MIAMI FL 33015

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0938108

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

BELLO, BALTER
7698 N.W. 179TH TERRACE
MIAMI FL 33015

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.

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) ☐

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VP ☐ Delete
NAME BELLO, HECTOR
STREET ADDRESS 7698 N.W. 179TH TERRACE
CITY-ST-ZIP MIAMI FL 33015

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

TITLE P ☐ Delete
NAME DE BELLO, EVELYN B
STREET ADDRESS 7698 N.W. 179TH TERRACE
CITY-ST-ZIP MIAMI FL 33015

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

TITLE V ☐ Delete
NAME BELLO, BALTHER
STREET ADDRESS 7698 N.W. 179TH TERRACE
CITY-ST-ZIP MIAMI FL 33015

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/1/00

Date

305 876 8448

Daytime Phone #

CR2E034 (5/00)

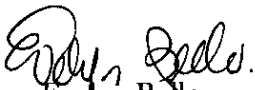
attachment
#P99000076071
130104320

August 1, 2000

TO DIVISION OF CORPORATIONS
UBR FILINGS
PO BOX 1500
TALLAHASSEE, FL 32302-1500

REF: SASTELL, INC.

The present has like objective to request him alone by first time they leave us to pay \$150.00 due to that not we receive in time the UBR in spite of requesting in repeated occasions said document and of neither of being available in the WEB. Please they accept our excuses and we thank their attention before our case.


Evelyn Bello
President