

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000105287

1. Entity Name

SATAGO ST. JUDE, CO.

**FILED**  
**Apr 21, 2000 8:00 am**  
**Secretary of State**

04-21-2000 90173 031 \*\*\*150.00

Principal Place of Business

122 MENOREA AVE #4  
CORAL GABLES FL 33134

Mailing Address

122 MENOREA AVE #4  
CORAL GABLES FL 33134

2. Principal Place of Business

1850 SW 8 ST

3. Mailing Address

1825 Ponce de Leon Blvd

Suite, Apt. #, etc.

Suite 204B

Suite, Apt. #, etc.

PMB 393

City & State

Miami, FL

City & State

Coral Gables FL

Zip

33135

Country

USA

Zip

33134-4418

Country

USA

4. FEI Number

65-096 7430

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SCHMIDT, JORGE  
122 MENOREA AVE #4  
CORAL GABLES FL 33134

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.

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 \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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

TITLE	P/S/T/D	<input type="checkbox"/> Delete
NAME	Jorge Schmidt	
STREET ADDRESS	122 Menores Ave., #4	
CITY-ST-ZIP	Coral Gables, FL 33134	
TITLE	VP	<input type="checkbox"/> Delete
NAME	Linda Salup-Schmidt	
STREET ADDRESS	122 Menores Ave., #4	
CITY-ST-ZIP	Coral Gables, FL 33134	
TITLE	Asst.S	<input type="checkbox"/> Delete
NAME	Michael B. Walker	
STREET ADDRESS	900 SunTrust Bldg., 777 Brickell Ave	
CITY-ST-ZIP	Miami, FL 33131	
TITLE	Asst.T/D	<input type="checkbox"/> Delete
NAME	Joseph R. Buchanan	
STREET ADDRESS	900 SunTrust Bldg., 777 Brickell Ave	
CITY-ST-ZIP	Miami, FL 33131	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jorge Schmidt, Pres. 4/11/00

Date

305-541-0033

Daytime Phone #

CR2E034 (9/99)