


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0026599 AV

DOCUMENT # V46161

1. Entity Name
SAI MOTORS INC.



FILED
03 NOV -4 PM 2:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**1313 S. STATE RD. 7
FT. LAUDERDALE FL 33023**

Mailing Address
**1313 S. STATE RD. 7
FT. LAUDERDALE FL 33023**



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

REINSTATEMENT
TO HERE IF CHANGES 3

4. FEI Number **65-0344202**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**CHAVEZ, JORGE
4153 SW 47TH AVE., #111
FT. LAUDERDALE FL 33314**

7. Name and Address of New Registered Agent
Name **CHAVEZ JORGE**
Street Address (P.O. Box Number is Not Acceptable) **1101 3rd Park Road**
1 Apt-110
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. I am familiar with, and accept the obligations of registered agent.

800024394148
11/04/03--01010--016 **750.00

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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	VD	<input type="checkbox"/> Delete
NAME	VALENCIA, CECILIA E	
STREET ADDRESS	1313 S. STATE ROAD 7	
CITY-ST-ZIP	FORT LAUDERDALE FL 33023	
TITLE	PD	<input type="checkbox"/> Delete
NAME	CHAVEZ, JORGE A	
STREET ADDRESS	1313 S. STATE RD. 7	
CITY-ST-ZIP	FT. LAUDERDALE FL 33023	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. 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		

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** **07-10-03 954-967-8011**

DATE Daytime Phone #

CFR2E034 (4/03)