

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2001 8:00 am
Secretary of State
 04-24-2001 90307 026 ***150.00

DOCUMENT # P00000029371

1. Entity Name
SABOR ENTERPRISES, INC.

Principal Place of Business Mailing Address

9212 S.W. 151 COURT **9212 S.W. 151 COURT**
MIAMI FL 33196 **MIAMI FL 33196**

new Place of Business + mailing address.

2. Principal Place of Business 3. Mailing Address

9510 SW 137 AVE **same**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

MIAMI, FLORIDA **MIAMI, FLORIDA**

Zip Country Zip Country

33186 **USA**

740020



DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For

65-0993454 ☐ Not Applicable

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

☐ ☐

6. Name and Address of Current Registered Agent

MANGIERO, DAVID ESQ.
12790 SOUTH DIXIE HIGHWAY
MIAMI FL 33156

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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Delete SASSO, ROBERTO A POST OFFICE BOX 960661 MIAMI FL 33296	TITLE NAME STREET ADDRESS CITY-ST-ZIP	9510 SW 137 AVE ☒ Change ☐ Addition MIAMI, FL 33186
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: **Roberto A. Sasso** Date: Daytime Phone #: **305-288-5591**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)