

04-17-2002 90162 047 \*\*\*150.00

**2002 UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT #</b> F01000002911															
1. Entity Name <b>SAM HAL RE, INC.</b>															
Principal Place of Business 3300 N.E. 192 2ND STREET #614 AVENTURA FL 33180	Mailing Address 3300 N.E. 192 2ND STREET #614 AVENTURA FL 33180														
2. Principal Place of Business	3. Mailing Address														
Suite, Apt. #, etc.	Suite, Apt. #, etc.														
City & State	City & State														
Zip	Country														
4. FEI Number <b>88-0490825</b> <span style="float:right">Applied For Not Applicable</span>															
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>															
6. Name and Address of Current Registered Agent															
7. Name and Address of New Registered Agent															
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2"><b>CHARAPP, SHELDON I</b></td> </tr> <tr> <td colspan="2">3300 N.E. 192 2ND STREET #614</td> </tr> <tr> <td colspan="2">AVENTURA FL 33180</td> </tr> <tr> <td colspan="2">Name</td> </tr> <tr> <td colspan="2">Street Address (P.O. Box Number is Not Acceptable)</td> </tr> <tr> <td>City</td> <td>FL Zip Code</td> </tr> </table>		<b>CHARAPP, SHELDON I</b>		3300 N.E. 192 2ND STREET #614		AVENTURA FL 33180		Name		Street Address (P.O. Box Number is Not Acceptable)		City	FL Zip Code		
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>															
9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. <input type="checkbox"/>	<p align="center"><b>FILE NOW!!! FEE IS \$150.00</b>  <b>After May 1, 2002 Fee will be \$550.00</b>  <b>Make Check Payable to Department of State</b></p>														
	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>														
11. OFFICERS AND DIRECTORS															
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11														
	<input type="checkbox"/> Change <input type="checkbox"/> Addition														
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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: <u>Leslie A. Charapp</u> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>															

CR2E034 (9/01)