2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2000 8:00 am
Secretary of State
02-21-2000 90034 043 ***150.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # F70482

1. Entity Name

SADAMA, INC.

Principal Place of Business	Mailing Address
9130 S DADELAND BLVD 1511 MAIMI FL 33156 US	9130 S DADELAND BLVD 1511 MIAMI FL 33156-7851 US

2. Principal Place of Business	3. Mailing Address
777 N.W. 72nd Ave,	
Suite, Apt. #, etc.: Showroom 1BB5	Suite, Apt. #, etc.:
City & State: Miami, Florida 33126	City & State:
Zip: 33126 / Country: USA	Zip: / Country:

4. FEI Number 59-2163489 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

KESHEN, NELSON C, ESQ
9130 S DADELAND BLVD
1511
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 ______________________
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPT KOHN, ALBERTO 9130 S DADELAND BLVD MIAMI FL ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 777 N.W. 72nd Ave, Showroom 1BB5 Miami, Florida 33126
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S KESHEN, NELSON 9130 S DADELAND BLVD, S 1511 MIAMI FL ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/99)

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: Alberto Kohn, President 305-261-9363

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #