

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F70482

1. Entity Name
SADAMA, INC.

FILED
Feb 03, 2001 8:00 am
Secretary of State

02-03-2001 90059 015 ***150.00

Principal Place of Business

777 NW 72ND AVE
SHOWROOM 18B5
MIAMI FL 33126
US

Mailing Address

9130 S DADELAND BLVD
1511
MIAMI FL 33156
US

110000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5404 NW 72 Avenue
Suite, Apt. #, etc.

3. Mailing Address

5404 NW 72 Avenue
Suite, Apt. #, etc.

City & State

Miami, Florida 33166
Zip Country

City & State

Miami, Florida 33166
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

7. Name and Address of New Registered Agent

KESHEN, NELSON C, ESQ
9130 S DADELAND BLVD
1511
MIAMI FL 33156

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, 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 **DPT** ☐ Delete
NAME **KOHN, ALBERTO**
STREET ADDRESS **777 NW 72ND AVE SHOWROOM 18B5**
CITY-ST-ZIP **MIAMI FL 33126**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ Delete
NAME **KESHEN, NELSON**
STREET ADDRESS **9130 S DADELAND BLVD, S 1511**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)