

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90017 030 ***150.00

DOCUMENT # K28278

1. Entity Name
SANDS HARBOR, INC.

Principal Place of Business

**125 N. RIVERSIDE DR.
P.O. BOX 2814
POMPAÑO BCH FL 33062**

Mailing Address

**125 N. RIVERSIDE DR.
P.O. BOX 2814
POMPAÑO BCH FL 33062**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0065271**

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**SEITZ, CHARLES J
101 NO RIVERSIDE DRIVE
STE 205
POMPAÑO BEACH FL 33062**

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, 2002 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

TITLE **DV** ☐ Delete
NAME **AL-ZAYANI, MOHAMMAD J.**
STREET ADDRESS **125 N. RIVERSIDE DR.**
CITY-ST-ZIP **POMPAÑO BCH. FL**

TITLE **PD** ☐ Delete
NAME **SEITZ, CHARLES J.**
STREET ADDRESS **2501 NE 46 ST**
CITY-ST-ZIP **LIGHTHOUSE PT FL**

TITLE **TD** ☐ Delete
NAME **AL-ZAYANI, JASSIM A.**
STREET ADDRESS **125 N. RIVERSIDE DR.**
CITY-ST-ZIP **POMPAÑO BCH. FL**

TITLE **S** ☐ Delete
NAME **SEITZ, LAURA S**
STREET ADDRESS **2501 NE 46TH ST**
CITY-ST-ZIP **LIGHTHOUSE PT FL**

TITLE **AS** ☐ Delete
NAME **MARTIN, MARY**
STREET ADDRESS **294 N.W. 42 WAY**
CITY-ST-ZIP **DEERFIELD BEACH FL 33441**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
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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 (9/01)