2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P96000040413** May 22, 2000 8:00 am Secretary of State 1. Entity Name SABITRY INVESTMENTS, INC. 05-22-2000 90077 025 ***158.75 Principal Place of Business Mailing Address 1850 NE 26TH ST 1850 NE 26TH ST WILTON MANOR FL 33305-1415 WILTON MANORS FL 33305 ԵՈննեթչջո 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0690545 Not Applicable Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6.-Name and Address of Current Registered Agent Name BABOOLAL, JAYSON V Street Address (P.O. Box Number is Not Acceptable) **5711 NW 54TH LANE** TAMARAC FL 33319 Zip Code City Fl 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) П ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE Change ☐ Addition ☐ Delete TITLE BABOOLAL, JAYSON V NAME MAME STREET ADDRESS STREET ADDRESS **5711 NW 54TH LANE** CITY-ST-ZIP CITY-ST-7IP TAMARAC FL 33319 ☐ Addition ☐ Change Delete TITLE KAMLAWATIE, KADIE NAME STREET ADDRESS STREET ADDRESS 485 NW 115TH WAY CITY-ST-ZIP CITY-ST-ZIP **CORAL SPRINGS FL 33071** Change Addition -☐ Delete TITLE PUNSAMY, JASMINE NAME NAME STREET ADDRESS 2864 NW 55TH AVE APT 2C STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAUDERHILL FL ☐ Addition Change ☐ Delete TITLE TITLE PUNSAMY, KRISHNA NAME NAME STREET ADDRESS STREET ADDRESS 2864 NW 55TH AVENUE APT 2C CITY-ST-ZIP CITY-ST-ZIP LAUDERHILL FL 33313 Change ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 of 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 ther like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR