

DOCUMENT # P97000082615

1. Entity Name

SARA INSURANCE ENTERPRISES, INC.

FILED
Jan 16, 2001 8:00 am
Secretary of State

01-16-2001 90100 047 ***150.00

Principal Place of Business

Mailing Address

14421 FAIRFAX PL
 DAVIE FL 33325

14421 FAIRFAX PL
 DAVIE FL 33325
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

14421 FAIRFAX PLACE
 Suite, Apt. #, etc.

14421 FAIRFAX PLACE
 Suite, Apt. #, etc.

City & State

City & State

DAVIE, FL

DAVIE, FL

4. FEI Number

65-0793242

Applied For

Not Applicable

Zip

Country

Zip

Country

33325

USA

33325

USA

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

BOYER, SARA
 14421 FAIRFAX PLACE
 DAVIE FL 33325

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

Sara Boyer SB

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	D	<input type="checkbox"/> Delete
NAME	BOYER, SARA	
STREET ADDRESS	14421 FAIRFAX PL	
CITY-ST-ZIP	DAVIE FL 33325	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:

Sara Boyer SARA BOYER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-05-01

Date

(954) 452-1022

Daytime Phone #

CR2E034 (10/00)