

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 JAN -9 AM 9:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000082615

1. Entity Name
SARA INSURANCE ENTERPRISES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 8059 SW 18th Place Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State Davie, FL		City & State	
Zip 33324	Country USA	Zip	Country

4. FEI Number 65-0793242	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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IN THIS SPACE

7. Name and Address of Current Registered Agent

Name SARA Boyer	
Street Address (P.O. Box Number is Not Acceptable) 8059 SW 18th Place	
City Davie	State FL
City Davie	Zip Code 33324

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 (President)* *Sara Boyer* 01-06-03
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) <input type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sara Boyer President 8059 SW 18th Place Davie, FL 33324	TITLE NAME STREET ADDRESS CITY-ST-ZIP	01/09/03 01027-001 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-President Michael Boyer 8059 SW 18th place Davie, FL 33324	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600009981736 01/09/03--01027--001 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	600009981736 01/09/03--01027--002 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Mike Boyer* *Sara Boyer* 12/20/02 954-452-1022
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034B (12/01)

SARA INSURANCE ENTERPRISES, INC.
8059 SW 18th PLACE
DAVIE, FLORIDA
33324

November 25, 2002


Division of Corporations
~~Uniform Business Report Filings~~
~~P.O. Box 6327~~
Tallahassee, FL
32314

Dear Sirs,

I recently called your office and stated that I did not receive a Corporate Annual Report with my new address, because I had moved my offices and my address changed. I was instructed by you to write this letter informing of same, and enclose the fee of \$150.00 which would cover the report at the time I wrote this letter.

Thanking you in advance for your help in this matter.

Sincerely,


Sara Boyer, President

~~Michael Boyer, Vice-President~~

encl.: ck.