FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED

02 OCT -4 PM 12:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # P98000080186

1. Entity Name

Sam's Investment Corp

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
37071 Main St.	P.O. Bx 455
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Canal Point, Fl	City & State: Canal Point, Fl.
Zip: 33438 Country: U.S.A.	Zip: 33438 Country: U.S.A.

4. FEI Number: 65-0861686 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Richard L. Heffernan, CPA

Street Address (P.O. Box Number is Not Acceptable): 2911 E. Main St.

City: Pahokee FL Zip Code: 33476

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)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

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. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	President
NAME	Samed S. El Dagaar
STREET ADDRESS	36941 2nd ST.
CITY-ST-ZIP	Canal Point, Fl 33438
TITLE	VP
NAME	A. R. Harrington
STREET ADDRESS	37056 B Old Conners Hwy
CITY-ST-ZIP	Canal Point, Fl 33438
TITLE	S/M
NAME	Guadalupe R. Rodriguez
STREET ADDRESS	12426 Lake Shore Dr.
CITY-ST-ZIP	Canal Point, Fl 33438
TITLE	
NAME	
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CR2E034B (12/01)

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: A. R. Harrington 10/3/02 561-924-3400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

JS 10/4/02