

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90017 005 ***150.00

DOCUMENT # P99000073159

1. Entity Name
WILLIAM & SAM, INC.

Principal Place of Business 12299 SUNSET POINT LN WEST PALM BEACH FL 33414	Mailing Address 12299 SUNSET POINT LN WEST PALM BEACH FL 33414
--	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 505 S Flagler Dr Suite, Apt. #, etc. W.P.B FL City & State	3. Mailing Address Suite, Apt. #, etc. City & State
---	---

Zip 33401	Country U.S.A	Zip	Country
--------------	------------------	-----	---------

4. FEI Number 65-0953578	APPLIED FOR	Applied For
		Not Applicable

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

LEE, JOSEPH M ESQ.
 6801 LAKE WORTH ROAD, #127
 LAKE WORTH FL 33467

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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 _____ 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)

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete ANDREWS, WILLIAM 1365 RED PINE TRAIL WEST PALM BEACH FL 33414
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete REZKALLA, SAMIR 1365 RED PINE TRAIL WEST PALM BEACH FL 33414
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D - VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Hilda Rezkalla 12299 SUNSET POINT LN 33414 W.P.B FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D - P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Rezkalla, Samir 12299 SUNSET POINT LN W.P.B FL, 33414
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: _____ DATE _____ DAYTIME PHONE # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)