

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000080186**

1. Entity Name

Sam's Investment Corp

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

37071 Main St.

Suite, Apt. #, etc.

3. Mailing Address

P.O. Bx 455

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**

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

33426

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

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)

☒

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
NAME
STREET ADDRESS
CITY - ST - ZIP
**President
Samed S. El Dagaan
36941 2nd St.
Canal Point, FL 33438**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VP
A.R. Harrington
37056 B Old Conners Hwy
Canal Point, FL 33438**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**S/M
Guadalupe R. Rodriguez
12426 Lake Shore Dr.
Canal Point, FL 33438**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/3/02

Date

561-924-3400

Daytime Phone #

js 10/4/02

CR2E034B (12/01)

FILED

02 OCT -4 PM 12:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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