## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 702000131928

SAMA, INC. LOBA AWNINGS BY K.C.



2. Principal Place of Business Street	3. Mailing Address			
Suite Apt. #, etg	Suite, Apt. #, etc.			
A City & State	City & State			

FILED

03 SEP 30 AMII: 16

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DU		HANGARAN PARTITION OF THE CONTRACT OF THE CONT	AUE				
2. Principal Place of E	18 Street	3. Mailing Address	me_				
Suite, Apt. #, etg		Suite, Apt. #, etc.			DO NOT WRITE	IN THIS SPA	CE
Pompano	Beach, PL	City & State		4. FE	Number 7630		Applied For Not Applicable
Zip 73069	BROWARD,	USA	Country		rtificate of Status Desired		3.75 Additional Required
Names, additional Laboratory is to	N. M. In the state of the state	an a region i trati da regionar en allamental esca		7. Nam	e and Address of Current R	tegistered Ag	jent .
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	IN THIS SP			Ath	FLOOR		
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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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature: Typed or printed name of registered agent and tate if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE							
After M Amen Make Check Payab	- May 1 Fee is \$150.00 fay 1, Fee is \$550.00 ided UBR is \$61.25 ie to Florida Department of	double-up the second			Election Campaign Final Trust Fund Contribution.	ncing	\$5.00 May Be Added to Fees
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RESIDENT TR WERET WATER 175 NW 18 ST	EASURER MAN Reet, Suite B	TITLE NAME STREET ADDRESS CITY_ST-ZIP		1000234. 9/30/03—01041—	1349 015 **	61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CE-PRESIDENT EDRO FERNÁNDI 975 NW 18 S Dompano beach	SECRETARY EZ treet, Suite B	NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		· ·	TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT V	NRIT	<b>E</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS S	PAC	E
TITLE NAME STREET ADDRESS			name Street address			es.	-

12. 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 10 or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME