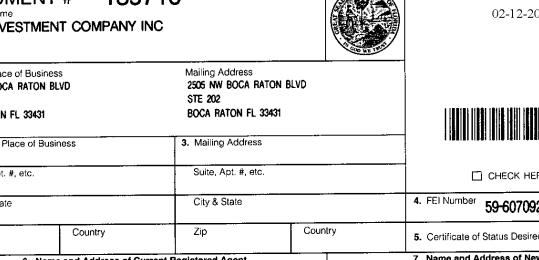
## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## 189710 **DOCUMENT #**

1. Entity Name

SARL INVESTMENT COMPANY INC



## **FILED** Feb 12, 2003 8:00 am Secretary of State

02-12-2003 90112 008 \*\*\*150.00

							1				
Principal Place of Business 2505 NW BOCA RATON BLVD STE 202 BOCA RATON FL 33431			Mailing Address 2505 NW BOCA RATON BLVD STE 202 BOCA RATON FL 33431								
2. Principal Place of Business 3. M				Mailing Address						ELEN DIDIN D	ieit biait tari
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State			City & State				4. FEI Number 59-6070921 Applied For Not Applicable				
Zip Country			Zip		Country		5. Certificate of Status Desired S8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent					
					Nan	ne		,	_		
	AUS, LEON			Street Address			(P.O. Box Number is Not Acceptable)				
	BOCA RAT	ON BLVD			ļ			· · · · · · · · · · · · · · · · · · ·			т -
SUITE 202											
BOCA RATON FL 33431					City	,			FL	Zip Cod	ie
	tions of regist	ered agent.						t, or both, in the State of Florida	DATE		
	Signature, typed	or printed name of registered agent	and title if app	licable. (NOT	E: Registered Agent	signature required	when reins	itating)	DATE		
Afte	r May 1, 200	l! FEE IS \$150.00 03 Fee will be \$550.00 o Florida Department o	of State					Election Campaign Financ Trust Fund Contribution.		Adde	00 May Be d to Fees
10.		OFFICERS AND	DIRECTO	RS	11.		ADD	ITIONS/CHANGES TO OFFICE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IUS, LEONARD A. 19TH STREET TON FL		□ Delete	TITLE NAME STREET ADDR CITY-ST-ZIP					□ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IUS, RICHARD J. TURTLE DRIVE ON FL		☐ Delete	TITLE NAME STREET ADDR CITY-ST-ZIP	RESS	D			Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IUS, FAYE TURTLE DR. ON FL		Delete	NAME STREET ADDR	i	ga water	ير المستودية والمستواد المستودية الميت الاولاد		Change_	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IUS, PAMELA 19TH ST. TON FL		☐ Delete	TITLE NAME STREET ADDR	ı				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET ADDR		-		[	Change	Addition
TITLE NAME			1.4	☐ Delete	NAME	د سرد داره ا	· · · · · · · · · · · · · · · · · · ·	The second secon		Change	☐ Addition
STREET ADDRESS	,	f m		16 (B	* STREET ADDR			· · · · · · · · · · · · · · · · · · ·	:	• .	

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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/03 56/24/1040