

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90200 028 ***150.00

DOCUMENT # 427784

1. Entity Name
BILLY SASTER DESIGN INC.

Principal Place of Business

**7743 VILLA D'ESTE WAY
 DELRAY BEACH FL 33446**

Mailing Address

**7743 VILLA D'ESTE WAY
 DELRAY BEACH FL 33446**

2. Principal Place of Business

401 NE MIZNER BLVD

3. Mailing Address

401 NE MIZNER BLVD

Suite, Apt., #, etc.

T602

Suite, Apt., #, etc.

T602

City & State

Boca Raton FL

City & State

Boca Raton FL

Zip

Country

33432 WPB

Zip

Country

33432 WPB



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1488579

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SASTER, BILLY
 7777 GLADES ROAD
 SUITE 203
 BOCA RATON FL 33433**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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

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) ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 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 **PD** ☐ Delete
 NAME **SASTER, WILLIAM**
 STREET ADDRESS **7743 VILLA D'ESTE WAY**
 CITY-ST-ZIP **DELRAY BEACH FL 33446**

TITLE **VD** ☐ Delete
 NAME **SASTER, EMILY**
 STREET ADDRESS **7743 VILLA D'ESTE WAY**
 CITY-ST-ZIP **DELRAY BEACH FL 33446**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME **401 N.E. MIZNER BLVD**
 STREET ADDRESS **Suite T602**
 CITY-ST-ZIP **BOCA RATON FL 33432**

TITLE ☒ Change ☐ Addition
 NAME **401 N.E. MIZNER BLVD**
 STREET ADDRESS **Suite T602**
 CITY-ST-ZIP **BOCA RATON FL 33432**

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-22-02

CR2E034 (9/01)