

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 10, 2001 8:00 am**  
**Secretary of State**

07-10-2001 90006 018 \*\*\*150.00

**DOCUMENT # 457836**

1. Entity Name  
**SARRAFF & SON, INC.**

Principal Place of Business

**1655 NW 36 STREET  
 MIAMI FL 33142**

Mailing Address

**1655 NW 36 STREET  
 MIAMI FL 33142**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1578064**

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SARRAFF, OSVALDO  
 2951 SW 77TH PLACE  
 MIAMI FL 33155**

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 \$550.00  
 After September 12, 2001 Fee will be \$750.00  
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
 NAME **STP**  
 STREET ADDRESS **SARRAFF, OSVALDO**  
 CITY-ST-ZIP **2951 SOUTHWEST 77 PL**  
**MIAMI FL 33155**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 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 REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/5/2001 305 638 3115**  
 Date Daytime Phone #

CR2E034 (5/01)

Attachment  
Doc# 457836

**SARRAFF**

**STORE FIXTURES & EQUIPMENT**

1655 NW 36th Street  
MIAMI, FL 33142  
TEL. (305) 638-3115 Fax. (305) 638-3117

July 5<sup>th</sup> 2001

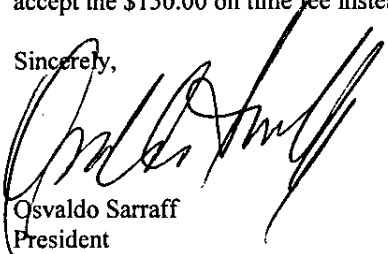
Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Reference document # 457836 FEI 59-1578064

Sirs:

Please accept this 2001 Uniform Business Report (UBR) and the \$150.00 Fee check at this date. We have failed to receive the first notice and when we received this notice we realized it. Please check your records and verify that we had never before been late. We respectfully request you granting an exemption and accept the \$150.00 on time fee instead of the \$550.00 late fee.

Sincerely,



Osvaldo Sarraff  
President  
Sarraf & Son, Inc.