2000 UNIFORM BUSINESS REPORT (UBR)

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FILED Feb 22, 2000 8:00 am Secretary of State **DOCUMENT # 495952** 1. Entity Name SAG'S, INC. 02-22-2000 90041 045 ***150 00 Principal Place of Business Mailing Address 8182 UNIVERSITY DRIVE 8182 UNIVERSITY DRIVE TAMARAC FL 33321-1708 TAMARAC FL 33321 (i) Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-1636173 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SAGER, STEVEN Street Address (P.O. Box Number is Not Acceptable) 10999 N.W. 17TH MANOR CORAL SPRINGS FL 33071 City 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, 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. Addition ☐ Delete TITLE Change SAGER, STEVEN NAME NAME 10999 NW 17TH MANOR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP T. ST ZIP **CORAL SPRINGS FL 33071** ☐ Addition ☐ Delete TITLE Change SAGER, STEVEN NAME .a.: ANIMESS 10999 NW 17 MANOR STREET ADDRESS **CORAL SPRINGS FL** CITY-ST-ZIP ☐ Delete Change Addition STREET ADDRESS .:. : <u>ΔΠΡ</u>ΩΓΩΣ CITY-ST-ZIP ST-ZIP ☐ Addition ☐ Delete NAME ··· ADDRESS STREET ADDRESS CITY-ST-ZIP ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP ST-ZIP Addition Change ☐ Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP ST-ZIP 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.

ED NAME OF SIGNING OFFICER OR DIRECTOR