

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 563215

1. Entity Name  
SARNEL, INC.

Principal Place of Business  
83 ROYAL PALM DR.  
FT LAUDERDALE FL 33301

Mailing Address  
83 ROYAL PALM DR.  
FT LAUDERDALE FL 33301

2. Principal Place of Business  
209 North Birch Road  
Suite, Apt. #, etc.  
Apt. 801

3. Mailing Address  
209 N. Birch Road  
Suite, Apt. #, etc.  
Apt. 801

City & State  
FORT LAUDERDALE, FLA.  
Zip  
33304  
Country  
USA

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**FILED**  
**Jan 08, 2002 8:00 am**  
**Secretary of State**

01-08-2002 90011 046 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1804453

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

STOLL, NELSON  
83 ROYAL PALM DR  
FT LAUDERDALE FL 33301-8408

Name

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

City

FL

Zip Code

## 7. Name and Address of New Registered Agent

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 Nelson Stoll Nelson Stoll President 1/4/02  
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 NAME STREET ADDRESS CITY-ST-ZIP	PD STOLL, NELSON 83 ROYAL PALM DR FT LAUDERDALE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD STOLL, SARI 83 ROYAL PALM DR FT LAUDERDALE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Nelson Stoll  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/02 954-760-9999  
Date Daytime Phone #

0305448 AV

CR2E034 (9/01)