

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 856848

1. Entity Name

SARTOM CORPORATION

FILED
Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90096 002 ***158.75

Principal Place of Business

Mailing Address

10855 CARIBBEAN BLVD
MIAMI FL 33189
US

PO BOX 924871
PRINCETON FL 33092-4871
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Miami FL

Zip

Country

Zip
33177-0007

Country
Dade

4. FEI Number

38-2283962

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BORIN, THOMAS
3300 NE 191ST STREET
AVENTURA FL 33180

Name

Borin Thomas

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

6051 N. Ocean Dr. #502

City

Hollywood

FL

Zip Code
33019

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	BORIN, THOMAS	
STREET ADDRESS	PO BOX 924871	
CITY-ST-ZIP	PRINCETON FL 71	
TITLE	S	<input type="checkbox"/> Delete
NAME	BORIN, SARA	
STREET ADDRESS	PO BOX 924871	
CITY-ST-ZIP	PRINCETON FL 71	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Borin Thomas #	
STREET ADDRESS	6051 N. Ocean Dr. #502	
CITY-ST-ZIP	Hollywood FL 33019	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Borin Thomas Sara	
STREET ADDRESS	6051 N. Ocean Dr. #502	
CITY-ST-ZIP	Hollywood FL 33019	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Thomas A. Borin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-00 3052344013

Date

Daytime Phone #

CR2E034 (9/99)