

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2002 8:00 am
Secretary of State

01-17-2002 90034 046 ***150.00

DOCUMENT # F10185

1. Entity Name

SASSON MANAGEMENT CORP.

Principal Place of Business

**10501 NW 7TH AVE
 MIAMI FL 33150
 US**

Mailing Address

**10501 NW 7TH AVE
 MIAMI FL 33150
 US**

2. Principal Place of Business

11451 N.W. 36TH Avenue

3. Mailing Address

11451 N.W. 36TH Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Miami, Florida

4. FEI Number

59-2150018

Applied For

Not Applicable

Zip

33167

Country

U.S.

Zip

33167

Country

U.S.

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**FELDMAN, BENNETT G.
 2655 LE JEUNE RD. #541
 CORAL GABLES FL 33134**

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 **SASSON, ZAKAY**
 STREET ADDRESS **16495 N E 32 AVENUE**
 CITY-ST-ZIP **E. SHORES, MIAMI, FL 33160**

TITLE **VTD** ☐ Delete
 NAME **FEFER, ENRIQUE**
 STREET ADDRESS **19333 COLLINS AVE APT 1708**
 CITY-ST-ZIP **SUNNY ISLES BEACH FL 33160**

TITLE **SD** ☐ Delete
 NAME **SASSON, EZRA**
 STREET ADDRESS **530 PALM DRIVE**
 CITY-ST-ZIP **HALLANDALE FL 33009**

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
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☒ Change ☐ Addition
 NAME **SD SASSON EZRA**
 STREET ADDRESS **373 Center Island**
 CITY-ST-ZIP **Golden Beach, FL, 33160**

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

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

01/08/02

305-6326439
 Daytime Phone #

CR2E034 (9/01)