

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F13792

1. Entity Name
SABRINA, INC.

Principal Place of Business
285 AIRPORT OFFICE PARK
3485 N DESERT DR. STE 106. BLDG #2
EAST POINT GA 30344

Mailing Address
285 AIRPORT OFFICE PARK
3485 N DESERT DR. STE 106. BLDG #2
EAST POINT GA 30344

2. Principal Place of Business
1950 NORTH PARK PLACE
Suite, Apt. #, etc.
201
City & State
ATLANTA, GEORGIA
Zip
30339
Country
USA

3. Mailing Address
1950 NORTH PARK PLACE
Suite, Apt. #, etc.
201
City & State
ATLANTA, GEORGIA
Zip
30339
Country
USA

4. FEI Number 59-2064047

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

YADO, JESS J., III
4830 W KENNEDY BLVD
SUITE 750
TAMPA FL 33609

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 _____ (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 13, 2000 Min. 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 PD
NAME KASSAM, AZIM
STREET ADDRESS 53 BRIARSCROSS BLVD
CITY-ST-ZIP AGINCOURT, ONT, CAN00000 ☐ Delete

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

TITLE D
NAME KASSAM, P H
STREET ADDRESS 53 BRIARSCROSS BLVD
CITY-ST-ZIP AGINCOURT, ONT, CAN00000 ☐ Delete

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

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CITY-ST-ZIP ☐ Change ☐ 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 another like empowered.

SIGNATURE: SIGNATURE OF PRESIDENT 07/25/00 770-303-0717
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
Aug 01, 2000 8:00 am
Secretary of State

08-01-2000 90006 029 ***558.75

00104003



DO NOT WRITE IN THIS SPACE

DOC # F13792

B0104069

HOTEL MOTEL MANAGEMENT CORPORATION

1950 NORTH PARK PLACE
SUITE 201
ATLANTA, GEORGIA 30339

Telephone 707 303 0717
Fax 707 303 0296

July 25th, 2000

Department of State
UBR Filing
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: 2000 UBR Filing for Sabrina, Inc. and Hotel Motel Management Corporation

Enclosed please find the completed 2000 UBR with appropriate fees for the above two corporations. We moved our offices to this new address on September 1999. We did not receive the 2000 UBR Forms for the above two corporations. We also underwent staff changes due to the geographical location of our new office. In the past, all forms have been filed in a timely fashion.

This letter is to request you to consider waiving the very stiff penalty that you have applied. We hope you do take into account the fact that all past forms were completed and paid on time- and had we been at our old address, this would not have happened.

We are hopeful you will consider this request and we want to thank you for your time and cooperation.

With kind regards,



Azim Kassam
Hotel Motel Management Corporation
Sabrina, Inc.