FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Feb 02, 2001 8:00 am DOCUMENT # **F40261 Secretary of State** 1. Entity Name SAHTEIN, INC. 02-02-2001 90281 002 ***150.00 Principal Place of Business Mailing Address 102250 OVERSEAS HWY 99696 OVERSEAS HWY #2 709450 KEY LARGO FL 33037 KEY LARGO FL 33037 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2093880 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LUPINO, JAMES S Street Address (P.O. Box Number is Not Acceptable) 90130 OLD HIGHWAY TAVERNIER FL 33070 Zip Code City 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE Delete TITLE ☐ Change ☐ Addition NAME GANIM, LEE G NAME STREET ADDRESS STREET ADDRESS 102250 OVERSEAS HWY CITY-ST-ZIP CITY-ST-ZIP KEY LARGO FL 33037 TITLE DST ☐ Delete TITLE Change ☐ Addition NAME GANIM, ROSEANN NAME STREET ADDRESS STREET ADDRESS 102250 OVERSEAS HWY CITY-ST-ZIP CITY-ST-ZIP KEY LARGO FL 33037 TITLE ☐ Change ☐ Addition TITLE Delete NAME GANIM, GREGORY D NAME STREET ADDRESS STREET ADDRESS 102250 OVERSEAS HWY CITY-ST-ZIP CITY-ST-ZIP KEY LARGO FL 33037 ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS 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: