2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR F40261 **DOCUMENT #**

1. Entity Name



FILED Apr 07, 2003 8:00 am Secretary of State

SAHTÉIN,	INC.			04-07-2003 90728	023 130.00	
Principal Place of Business 99696 OVERSEAS HWY #2 KEY LARGO FL 33037		Mailing Address 102250 OVERSEAS HWY KEY LARGO FL 33037				
2. Principal Place of Business		3. Mailing Address		1 (0001000)	IBLK BIRIJ OLBIF BIBIL BIBIL 1001	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES		
City & State		City & State		4. FEI Number 59-2093880	Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Current F	Registered Agent		7. Name and Address of New Registered	Agent	
LUPINO, JAMES S						
90130 OLD HIGHWAY			Street Addres	Street Address (P.O. Box Number is Not Acceptable)		
TAVERNIER FL 33070						
4 H	v		City	FL	Zip Code	
	tions of registered agent.	•	egistered office or regis	tered agent, or both, in the State of Florida. I am	familiar with, and accept	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State			registere agent signature requ	9. Election Campaign Financing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND I	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS ANI		
NAME STREET ADDRESS CITY-ST-ZIP	DV Ganim, Lee G 102250 Overseas Hwy Key Largo FL 33037	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GANIM, GREGORY D 102250 OVERSEAS HWY KEY LARGO FL 33037	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST LAURA, GANIM A 102250 OVERSEAS HWY KEY LARGO FL 33037	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition	
TITLE		☐ Delete	TITLE		Change Addition	

12. I hereby certify that the information supplied with this filling does not obalify 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 employeered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation or the receiver or truste changed, or on an attachment with an ac-

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE NAME

☐ Delete

Daytime Phone #

Change

☐ Addition