

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J56135

1. Entity Name

SANBAR ARABIANS, INC.

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90103 015 ***150.00

| | |
|--|--|
| Principal Place of Business | Mailing Address |
| % BARTON S GOLDBERG 5969 N BAY RD MIAMI BEACH FL 33140 US | 5969 N BAY ROAD MIAMI BCH FL 33140-2037 US |

| | | | |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |



DO NOT WRITE IN THIS SPACE

| | | | |
|----------------------------------|------------|---|--|
| 4. FEI Number | 59-2769397 | Applied For | |
| | | Not Applicable | |
| 5. Certificate of Status Desired | | <input type="checkbox"/> \$8.75 Additional Fee Required | |

| | | | |
|---|--|--|----|
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| GOLDBERG, BARTON S 5969 N BAY RD MIAMI BEACH FL 33140 | | Name | |
| | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | | |
| | | City | FL |

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) <input type="checkbox"/> | 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. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|--|

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|----------------------------|------------------------|---|--|
| TITLE | PD | TITLE | |
| NAME | GOLDBERG, SANDRA J. M. | NAME | |
| STREET ADDRESS | 5969 N. BAY ROAD | STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI BEACH FL | CITY-ST-ZIP | |
| TITLE | ST | TITLE | |
| NAME | GOLDBERG, SANDRA J. M. | NAME | |
| STREET ADDRESS | 5969 N. BAY ROAD | STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI BEACH FL | CITY-ST-ZIP | |
| TITLE | | TITLE | |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | | TITLE | |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | | TITLE | |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | 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: *Sandra J. Goldberg*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/19/2000 (305) 868 9430

CR2E034 (9/99)