

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90076 016 ***150.00

DOCUMENT # K25295

1. Corporation Name

SABRA INTERNATIONAL OF U.S.A., INC.

Principal Place of Business

8222 WILES ROAD
N 176
CORAL SPRINGS FL 33067
US

Mailing Address

8222 WILES ROAD
N 176
CORAL SPRINGS FL 33067
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/03/1988

4. FEI Number

65-0052785

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MATAN, ARI
8222 WILES ROAD
N176
CORAL SPRINGS FL 33067

SEE NEW
ADDRESS →

81. Name

ARI MATAN C/O SABRA

82. Street Address (P.O. Box Number is Not Acceptable)

4967 RIVER SIDE DR

83.

84. City

CORAL SPRINGS

FL

85. Zip Code

33067

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
MATAN, ARI
STREET ADDRESS
8222 WILES ROAD, N176
CITY-ST-ZIP
CORAL SPRINGS FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE ☐ Change ☐ Addition

12. NAME
13. STREET ADDRESS
14. CITY-ST-ZIP

21. TITLE ☐ Change ☐ Addition

22. NAME
23. STREET ADDRESS
24. CITY-ST-ZIP

31. TITLE ☐ Change ☐ Addition

32. NAME
33. STREET ADDRESS
34. CITY-ST-ZIP

41. TITLE ☐ Change ☐ Addition

42. NAME
43. STREET ADDRESS
44. CITY-ST-ZIP

51. TITLE ☐ Change ☐ Addition

52. NAME
53. STREET ADDRESS
54. CITY-ST-ZIP

61. TITLE ☐ Change ☐ Addition

62. NAME
63. STREET ADDRESS
64. CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FEB/16/99 954-783-5104

CR2E034 (11/98)

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