

2002 UNIFORM BUSINESS REPORT (UBR)

1. **FILED**
Mar 12, 2002 8:00 am
Secretary of State

01-29-2002 90068 027 ****50.00

DOCUMENT # L01000009035

1. Entity Name

S.A.S. OF CENTRAL FLORIDA, L.L.C.

Principal Place of Business

1705 U.S. HIGHWAY 27 NORTH, SUITE 205
 DAVENPORT FL 33837

Mailing Address

1705 U.S. HIGHWAY 27 NORTH, SUITE 205
 DAVENPORT FL 33837

17410



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		593746776		Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
BENNETT, BARRY W 80 SECOND STREET, S.E. WINTER HAVEN FL 33880				Name			
				Mark Alkass			
				Street Address (P.O. Box Number is Not Acceptable)			
				2221 North Boulevard West			
City				Davenport		FL	
				Zip Code		33837	

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 _____ DATE _____

Signature, typed or printed name of registered Agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ALKASS, MARK 1705 U.S. HIGHWAY 27 NORTH, SUITE 205 DAVENPORT FL 33837 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2221 North Boulevard West
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SAN MARTIN, JULIO RAUL 1705 U.S. HIGHWAY 27 NORTH, SUITE 205 DAVENPORT FL 33837 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2221 North Boulevard West
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SALAMANCA, EDWIN MANUEL 1705 U.S. HIGHWAY 27 NORTH, SUITE 205 DAVENPORT FL 33837 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2221 North Boulevard West
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Mark Alkass **MARK ALKASS** **REQUIRED** 1/25/02 863-421-761

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CFR2083 (9/01)