

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90284 038 ***150.00

DOCUMENT # L10271

1. Entity Name

WATSON S. A., CORPORATION

Principal Place of Business

15703 CYPRESS CREEK LANE
 WEST PALM BEACH FL 33414
 US

Mailing Address

13880 WELLINGTON TRACE
 SUITE 12-312
 WEST PALM BEACH FL 33414-8588
 US

2. Principal Place of Business

910 BAY DR.

3. Mailing Address

9703 ARBOR OAKS CT

Suite, Apt. #, etc.

#34

Suite, Apt. #, etc.

#106

City & State

MIAMI BEACH, FL

City & State

BOCA RATON, FL

Zip

33141

Country

USA

Zip

33428

Country

USA

4. FEI Number

65-0265240

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AZAGOURY, SALOMON
15703 CYPRESS CREEK LANE
2ND FL
WEST PALM BEACH FL 33414

Name

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

9703 ARBOR OAKS CT #106

City

BOCA RATON

FL

Zip Code

33428

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

SALOMON AZAGOURY
PRESIDENT

1/13/2000

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

(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) ☐

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. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	AZAGOURY, SALOMON	
STREET ADDRESS	15703 CYPRESS CREEK LANE	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	DS	<input type="checkbox"/> Delete
NAME	AZAGOURY, ISOLINA	
STREET ADDRESS	15703 CYPRESS CREEK LANE	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	9703 ARBOR OAKS CT #106
CITY-ST-ZIP	BOCA RATON FL 33428
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	9703 ARBOR OAKS CT #106
CITY-ST-ZIP	BOCA RATON FL 33428
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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:

SALOMON AZAGOURY
PRESIDENT

1/13/2000

470-2383

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #