

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 16, 2001 8:00 am**  
**Secretary of State**

01-16-2001 90096 008 \*\*\*150.00

**DOCUMENT # L10271**

1. Entity Name

**WATSON S. A., CORPORATION**

Principal Place of Business

**910 BAY DR  
# 34  
WEST PALM BEACH FL 33414  
US**

Mailing Address

**9703 ARBOR OAKS CT  
# 106  
BOCA RATON FL 33428  
US**

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

**19125 STREAMSIDE CT.**

Suite, Apt. #, etc.

City & State

**MIAMI BEACH, FL**

City & State

**BOCA RATON, FL.**

Zip

**33141**

Country

Zip

**33498**

Country

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

**AZAGOURY, SALOMON  
9703 ARBOR OAKS CT 106  
BOCA RATON FL 33428**

7. Name and Address of New Registered Agent

Name

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

**19125 STREAMSIDE CT.**

City

**BOCA RATON**

**FL**

Zip Code

**33498**

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**

**JAN 05, 2001**

(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, 2001 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

TITLE ☐ Delete  
NAME **DP**  
STREET ADDRESS **AZAGOURY, SALOMON**  
CITY-ST-ZIP **9703 ARBOR OAKS CT  
BOCA RATON FL 33428**

TITLE ☐ Delete  
NAME **DS**  
STREET ADDRESS **AZAGOURY, ISOLINA**  
CITY-ST-ZIP **9703 ARBOR OAKS CT 106  
BOCA RATON FL 33428**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **19125 STREAMSIDE CT.**  
CITY-ST-ZIP **BOCA RATON FL 33498-6230**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **19125 STREAMSIDE CT.**  
CITY-ST-ZIP **BOCA RATON FL 33498-6230**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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**

**JAN 05, 2001 561 470 2383**

(Signature and typed or printed name of signing officer or director)

Date

Daytime Phone #

CR2E034 (10/00)

0332192