

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L10271

1. Entity Name
WATSON S. A., CORPORATION

FILED
Jan 08, 2002 8:00 am
Secretary of State

01-08-2002 90027 016 ***158.75

0408545 AV

Principal Place of Business
910 BAY DR
34
MIAMI BEACH FL 33141
US

Mailing Address
19125 STREAMSIDE CT
BOCA RATON FL 33498
US

900333



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
19125 STREAMSIDE CT.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
BOCA RATON FL

City & State

4. FEI Number 65-0265240

Applied For
Not Applicable

Zip 33498-6230 Country US

Zip Country

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
19125 STREAMSIDE CT
BOCA RATON FL 33498

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 *[Signature]* SALOMON AZAGOURY, PRESIDENT JAN, 05, 2002
(NOTE: Registered Agent signature required when reinstating)

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, 2002 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
NAME AZAGOURY, SALOMON
STREET ADDRESS 19125 STREAMSIDE CT
CITY-ST-ZIP BOCA RATON FL 33498-6230 ☐ Delete

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

TITLE DS
NAME AZAGOURY, ISOLINA
STREET ADDRESS 19125 STREAMSIDE CT
CITY-ST-ZIP BOCA RATON FL 33498-6230 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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 address, with all other like empowered.

SIGNATURE: *[Signature]* SALOMON AZAGOURY, PRESIDENT JAN 05, 2002 561.470.2383

CR2E034 (9/01)