

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 90726 014 ****50.00

DOCUMENT # M98000000730

1. Entity Name

SA-HOP, LIMITED COMPANY

Principal Place of Business

**6913 ORCHARD BOULEVARD
 PARMA HEIGHTS OH 44130**

Mailing Address

**6913 ORCHARD BOULEVARD
 PARMA HEIGHTS OH 44130**

2. Principal Place of Business

340 GIRALDA AVE.

Suite, Apt. #, etc.

APT. 516

City & State

CORAL GABLES, FL

Zip

33134

Country

U.S.

3. Mailing Address

340 GIRALDA AVE.

Suite, Apt. #, etc.

APT. 516

City & State

CORAL GABLES, FL

Zip

33134

Country

U.S.



DO NOT WRITE IN THIS SPACE

4. FEI Number

34-1850374

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**FIRESTONE, DAVID K
 9901 SUNSET COVE LANE #224
 FT MYERS FL 33919**

7. Name and Address of New Registered Agent

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

Richard E. Sapara

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

(NOTE: Registered Agent signature required when reinstating)

2/28/02

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
 NAME **SAPARA, RICHARD E**
 STREET ADDRESS **6913 ORCHARD BOULEVARD**
 CITY-ST-ZIP **PARMA HTS. OH 44130**

TITLE **MGRM** ☐ Delete
 NAME **HOPKINS, BRIAN L**
 STREET ADDRESS **104 OAKVIEW CIRCLE**
 CITY-ST-ZIP **PONTE VERDA FL 32082**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **340 GIRALDA AVE, APT. 516**
 CITY-ST-ZIP **CORAL GABLES, FL 33134**

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

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

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:

Richard E. Sapara

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2/28/02 305-284-4475

Date

Daytime Phone #

CR2E083 (9/01)