

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90349 027 ****61.25

DOCUMENT # N01000002797

1. Entity Name

SAY NO, STOP NOW! INC.

Principal Place of Business

Mailing Address

112 DES PINAR LN
LONGWOOD FL 32750

112 DES PINAR LN
LONGWOOD FL 32750

2. Principal Place of Business

3. Mailing Address

5500 N BAAFSWOOD

Suite, Apt. #, etc.

106

City & State

HOUSTON TX

Zip

77096

Country

Country

U.S.A

4. FEI Number

76-0679655

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

ALKRAVE, SHLOMO
112 DES PINAR LN
LONGWOOD FL 32750

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

SHLOMO ALKRAVE V. PRESIDENT AND REGISTERED AGENT 1/20/02

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	ABIRLA ALKRAVE <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ABIRLA ALKRAVE PRESIDENT 5500 N BAAFSWOOD #106 HOUSTON TX 77096
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition V. PRESIDENT SHLOMO ALKRAVE 112 DES PINAR LN LONGWOOD FL 32750
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition TREASURER PHD. A. FREUNDLICH 7735 TEALAWN HOUSTON TX 77071
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MUSIC PRODUCER DIRECTOR MOR KALINUSKI 112 DES PINAR LN LONGWOOD FL 32750
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition EDUCATION ADVISOR DR. MOSHE ALLOM M.D. 1234 NASA ROAD DNE NASSAU BAY TX 77058
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition EDUCATION ADVISOR JUDITH LEWIS 6341 SCOTT ST. HOLLYWOOD FL

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHLOMO ALKRAVE (SHLOMO ALKRAVE V. PRESIDENT) 1/20/02 713-721-3966

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)