

# 2000 UNIFORM BUSINESS REPORT (UBR)

10F2

DOCUMENT# N94000000030

1. Entity Name Sak Pase Incorporated

FILED

00 DEC 26 PM 3:59

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Principal Place of Business Mailing Address  
1551 NE 167 St., Apt. 412 P.O. Box 641095  
N. Miami Beach, FL 33162 N. Miami Beach, FL 33164-1095

2. Principal Place of Business 3. Mailing Address  
300 South Biscayne River Dr. 300 South Biscayne River Dr.

DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 65-0459690		Applied For Not Applicable	
City & State N. Miami, FL		City & State N. Miami, FL		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
Zip 33161	Country U.S.A.	Zip 33161	Country U.S.A.				

## 6. Name and Address of Current Registered Agent

Mario Apollon  
1595 NE 135 St., Apt. 407  
N. Miami, FL 33161

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
800003523898--1  
-01/04/01--01099--012  
\*\*\*\*\*8.75 \*\*\*\*\*8.75  
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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

800003523898--1  
-01/04/01--01099--011  
\*\*\*\*\*61.25 \*\*\*\*\*61.25  
DATE

FILE NOW: FEE IS \$61.25  
After September 13, 2000 min. will be \$236.25

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chairman Antoine Bayard 5835 Washington St., Apt. 50 Hollywood, FL 33021 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice Chairperson Nancy Frailey 2215 N 44th Ave. Hollywood, FL 33021 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Serge Olivier 15944 SW 108 Ave. Miami, FL 33157 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Betina Lescouflair 2865 Winkler Ave., Apt. 412 Ft. Myers, FL 33916 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Program Director/Producer Vladimir Lescouflair 2865 Winkler Ave., Apt. 412 Ft. Myers, FL 33916 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Board Member Samuel Pierre Louis 227 NE 2nd St., Apt. 11 Miami, FL 33132 <input type="checkbox"/> Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Board Member Alex Emmanuel 865 NW 155 Lane, #107 Miami, FL 33169 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Board Member Katuscia Vericain 6860 NW 179 St., Apt. 203 Miami, FL 33015 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Board Member Kathleen Cordon 1515 NE 15 Terr. #304 Miami, FL 33161 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Board Member Mario Apollon 1595 NE 135 St., Apt. 407 N. Miami, FL 33161 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition KE

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: Vladimir Lescouflair 12/19/00 (941) 461-6406

CR2E037 (5/00)

**Sak Pase, Incorporated**  
**2865 Winkler Ave., Apt. 412**  
**Ft. Myers, FL 33916**

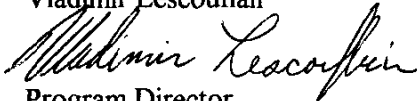
2082

December 6, 2000

Florida Department of State  
Katherine Harris  
Secretary of State

The incorporation was administratively dissolved because we did not submit the Uniform Business Form. We didn't send the form because we did not receive the previous Business Form you sent us. We are submitting a Business Form now and request that the Secretary of State wave the 236.25 refiling fee.

Vladimir Lescouflair



Program Director