

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 18, 2001 8:00 am**
Secretary of State

04-18-2001 90235 001 ****61.25

04-18-2001 90235 002 *****8.75

0001118

DOCUMENT # N94000000030

1. Entity Name

SAK PASE, INC.

Principal Place of Business

**300 SOUTH BISCAYNE RIVER DR.
N. MIAMI FL 33161**

Mailing Address

**300 SOUTH BISCAYNE RIVER DR.
N. MIAMI FL 33161**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0459690

Applied For

Not Applicable

5. Certificate of Status Desired ☒**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**APOLLON, MARI
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)

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)

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

TITLE	C	<input type="checkbox"/> Delete
NAME	BAYARD, ANTOINE	
STREET ADDRESS	5835 WASHINGTON ST. APT. 50	
CITY-ST-ZIP	HOLLYWOOD FL 33021	

TITLE	VC	<input type="checkbox"/> Delete
NAME	FRAILEY, NANCY	
STREET ADDRESS	2215 N 44TH AVE. E	
CITY-ST-ZIP	HOLLYWOOD FL 33021	

TITLE	T	<input type="checkbox"/> Delete
NAME	OLMER, SERGE	
STREET ADDRESS	15944 SW 108 AVE	
CITY-ST-ZIP	MIAMI FL 33157	

TITLE	S	<input type="checkbox"/> Delete
NAME	LESCOUFLAIR, BETINA	
STREET ADDRESS	2865 WINKLER AVE., APT. 412	
CITY-ST-ZIP	FT. MYERS FL 33916	

TITLE	PDP	<input type="checkbox"/> Delete
NAME	LESCOUFLAIR, VLADIMIR	
STREET ADDRESS	2865 WINKLER AVE., APT. 412	
CITY-ST-ZIP	FT. MYERS FL 33916	

TITLE	BMD	<input type="checkbox"/> Delete
NAME	PIERRE-LOUIS, SAMUEL	
STREET ADDRESS	227 NE 2ND ST., APT. 11	
CITY-ST-ZIP	MIAMI FL 33132	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**4-12-6305) 626-3644**

Date

Daytime Phone #

CR2E037 (10/00)