## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## FILED DOCUMENT # **N96000003520** Apr 20, 2000 8:00 am 1. Entity Name **Secretary of State** S.A.N.E., INC. 04-20-2000 90041 026 \*\*\*\*61.25 Principal Place of Business Mailing Address 1141 HOLLAND DR., #23 1141 HOLLAND DR., #23 BOCA RATON FL 33432-1807 **BOCA RATON FL 33487** 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For ATON ATON FL. 65-0683643 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ARNOLD-MASSIRMAN Street Address (P.O. Box Nurr' er is Not Accentable) MASSIRMAN, ARNOLD 1700 N. DIXIE HWY 1141 HOLLAND DR., #23 **BOCA RATON FL 33487** 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) 9. Election Campaign Financing Make Check Payable to **FILE NOW:** \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ARNOLD MASSIRDAN Change ☐ Defete TITLE NAME MASSIRMAN, ARNOLD NAME STREET ADDRESS STREET ADDRESS 1141 HOLLAND DR., #23 BOCA RATON, FL. 33432 CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33487 DCPA** ☐ Delete TITLE Addition TITLE NAME NAME LEVINE, COREY STE. 430 STREET ADDRESS STREET ADDRESS 980 NORTH FEDERAL HIGHWAY STE.206 CITY-ST-ZIP CITY-ST-ZIP BOCA RATON FL 33432 JERALD A. GOLDSTEIN TITLE Delete TITLE 1700 W. DIXIE HWY STE. 137 NAME GOLDSTEIN, JERALD A NAME STREET ADDRESS STREET ADDRESS BOLARATON, FL. 33432 1141 HOLLAND DR., #23 CITY-ST-ZIP CITY-ST-7IP **BOCA RATON FL 33487** TITLE ☐ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Change □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET AODRESS STREET ADDRESS CITY-ST-ZIP 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

SIGNATI/17/00 561-394-9925