

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000005780

1. Entity Name

SAZ TRADING OF FLORIDA, INC.

Principal Place of Business

1050 EAST 16 STREET  
HIALEAH FL 33010

Mailing Address

1050 EAST 16 STREET  
HIALEAH FL 33010

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

22-3736919

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SAZ TRADING OF FLORIDA INC  
1050 EAST 16 STREET  
HIALEAH FL 33010

7. Name and Address of New Registered Agent

Name

AVRAHAM ZEITOUNE

Street Address (P.O. Box Number is Not Acceptable)

5235 S.W 38 AVE

City

HOLLYWOOD

FL

Zip Code 33318

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 remaining)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back)

☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution.

☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PSD  
ZEITOUNE, AVRAHAM  
4747 HOLLYWOOD BLVD, UNIT PMB 209  
HOLLYWOOD FL 33021

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
5235 S.W 38 AVE  
HOLLYWOOD FL 33312

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/17/01

305-888-3339

**FILED**  
**Feb 19, 2001 8:00 am**  
**Secretary of State**

01-26-2001 90035 003 \*\*\*150.00

61834



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)