

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 31, 2001 8:00 am**  
**Secretary of State**

01-31-2001 90022 046 \*\*\*150.00

**DOCUMENT # P00000020722**

1. Entity Name  
**SAVIZAM SALES, INC.**

Principal Place of Business  
**100 KINGS POINT DR., STE. 1708  
 MIAMI BEACH FL 33160**

Mailing Address  
**100 KINGS POINT DR., STE. 1708  
 MIAMI BEACH FL 33160**

**909150**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**4890 SHERIDAN ST**  
 Suite, Apt. #, etc.

3. Mailing Address  
**4890 SHERIDAN ST**  
 Suite, Apt. #, etc.

City & State  
**HOLLYWOOD FL**  
 Zip  
**33021**  
 Country  
**USA**

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**HOLLYWOOD FL**  
 Zip  
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**USA**

4. FEI Number  
**65-0011265**  
 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

**GHERMAN, WARREN  
 100 KINGS POINT DR., STE. 1708  
 MIAMI BEACH FL 33160**

Name  
**GHERMAN, WARREN**  
 Street Address (P.O. Box Number is Not Acceptable)  
**4890 SHERIDAN ST**  
 City  
**HOLLYWOOD FL** Zip Code  
**33021**

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 **WARREN GHERMAN** DATE **1/19/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	<b>PD GHERMAN, MICHAEL 100 KINGS POINT DR., STE. 1708 MIAMI BEACH FL 33160</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD GHERMAN, REES 100 KINGS POINT DR., STE. 1708 MIAMI BEACH FL 33160</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD GHERMAN, PIA 100 KINGS POINT DR., STE. 1708 MIAMI BEACH FL 33160</b> <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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>4890 SHERIDAN ST                  HOLLYWOOD, FL 33021</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>4890 SHERIDAN ST                  HOLLYWOOD, FL 33021</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>4890 SHERIDAN ST                  HOLLYWOOD, FL 33021</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: **WARREN GHERMAN** DATE **1/19/01** DAYTIME PHONE # **954-791-1161**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)