

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000026608

1. Entity Name
SARINA, INC.

Principal Place of Business
4095 NORTHWEST 59TH STREET
COCONUT CREEK FL 33073

Mailing Address
4095 NORTHWEST 59TH STREET
COCONUT CREEK FL 33073

2. Principal Place of Business
10290 NW 60 Place
Suite, Apt. #, etc.

3. Mailing Address
10290 NW 60 PLACE
Suite, Apt. #, etc.

City & State
Parkland, FL
Zip 33076 Country USA

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Parkland, FL
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4. FEI Number
102-0997052
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WEISSMAN, HAROLD
1776 N. PINE ISLAND RD., SUITE 118
PLANTATION FL 33322

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 M. P. Bruce DATE 4/10/01
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	Delete
	D BRUEDERLIN, MARIA	4095 NORTHWEST 59TH STREET	COCONUT CREEK FL 33073	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
		10290 NW 60 Place	Parkland, FL 33073	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: M. P. Bruce
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/01 954 757-2466
Date Daytime Phone #

FILED
Apr 16, 2001 8:00 am
Secretary of State

04-16-2001 90042 024 ***158.75

00030677



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)