

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91305 039 ***150.00

DOCUMENT # P00000034279

1. Entity Name

SANA ENTERPRISES, INC.

Principal Place of Business

**6227 S. DALE MABRY HWY
TAMPA FL 33611**

Mailing Address

**6227 S. DALE MABRY HWY
TAMPA FL 33611**

2. Principal Place of Business

**6227 S. Dale Mabry Hwy
Suite, Apt. #, etc.
Tampa FL 33611**

3. Mailing Address

**6227 S. Dale Mabry Hwy
Suite, Apt. #, etc.**

Tampa FL

Tampa FL

4. FEI Number
593639720

Applied For
Not Applicable

**Zip
33611**

**Country
USA**

**Zip
33611**

**Country
USA**

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

6. Name and Address of Current Registered Agent

**PERSAD, NARIE
2801 LA CONCHA DRIVE
CLEARWATER FL 33762**

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

NARIE PERSAD

[Signature]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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 **Owner** ☐ Delete
NAME **Narie Persad**
STREET ADDRESS **6227 S. Dale Mabry Hwy**
CITY-ST-ZIP **Tampa FL 33611**

TITLE **Owner** ☐ Delete
NAME **Annie Persad**
STREET ADDRESS **6227 S. Dale Mabry Hwy**
CITY-ST-ZIP **Tampa FL 33611**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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]

Narie Persad 4/28/01 727-521-1618

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)