

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 05, 2003 8:00 am
Secretary of State

0008466 AV

DOCUMENT # P00000056295

1. Entity Name
SAM REAL ESTATE ESTABLISHMENT, INC.



03-17-2003 90134 037 ***155.00
09-05-2003 90109 003 ***550.00

Principal Place of Business
266 WILSHIRE BLVD.
SUITE 127
CASSELBERRY FL 32707

Mailing Address
266 WILSHIRE BLVD.
SUITE 127
CASSELBERRY FL 32707



2. Principal Place of Business

238 WILSHIRE BLVD

3. Mailing Address

238 WILSHIRE BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 149

SUITE 149

City & State

City & State

CASSELBERRY FL

CASSELBERRY FL

Zip

Country

Zip

Country

32707

32707

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JOHN, JIJAN
105 ROBINSON ST, STE 310
ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name
JOHN JIJAN
Street Address (P.O. Box Number is Not Acceptable)
266
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

08/26/03
DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	JOHN, JIJAN	
STREET ADDRESS	105 ROBINSON ST, STE 310	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	D	<input type="checkbox"/> Delete
NAME	SAMUEL, STEPHEN	
STREET ADDRESS	105 ROBINSON ST, STE 310	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	D	<input type="checkbox"/> Delete
NAME	SAMUEL, SHARON SUJU	
STREET ADDRESS	105 ROBINSON ST, STE 310	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	D	<input type="checkbox"/> Delete
NAME	SAMUEL, SUSAN	
STREET ADDRESS	105 ROBINSON ST, STE 310	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	D	<input type="checkbox"/> Delete
NAME	SAMUEL, SAMSON	
STREET ADDRESS	105 ROBINSON ST, STE 310	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	DST	<input type="checkbox"/> Delete
NAME	SAMUEL, A.V.	
STREET ADDRESS	105 ROBINSON ST, STE 310	
CITY-ST-ZIP	ORLANDO FL 32801	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)