

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 02, 2002 8:00 am**  
**Secretary of State**

04-02-2002 90947 026 \*\*\*150.00

0345607 AV

**DOCUMENT # P00000074196**

1. Entity Name  
**SARA'S SCOPING, INC.**

Principal Place of Business  
**11169 NW 39TH ST. UNIT #202  
SUNRISE FL 33351**

Mailing Address  
**11169 NW 39TH ST. UNIT #202  
SUNRISE FL 33351**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**5560 NW 90th Terrace**

3. Mailing Address  
**5560 NW 90th Terrace**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Sunrise, FL**

City & State  
**Sunrise, FL**

4. FEI Number **65-1030595**

Applied For  
Not Applicable

Zip  
**33351**

Country  
**US**

Zip  
**33351**

Country  
**US**

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

**6. Name and Address of Current Registered Agent**

**RASHAS, SARA  
11169 NW 39TH ST 202  
SUNRISE FL 33351**

**7. Name and Address of New Registered Agent**

Name **Sara Rashas**

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

**5560 NW 90th Terrace**

City **Sunrise**

**FL**

Zip Code **33351**

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 **Sara J. Rashas**

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, 2002 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 **PSTD** ☐ Delete  
NAME **RASHAS, SARA L**  
STREET ADDRESS **11169 NW 39TH ST, UNIT #202**  
CITY-ST-ZIP **SUNRISE FL 33351**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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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 **PSTD** ☒ Change ☐ Addition  
NAME **Rashas, Sara L**  
STREET ADDRESS **5560 NW 90th Terrace**  
CITY-ST-ZIP **Sunrise, FL 33351**

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

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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: **Sara J. Rashas** **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/24/02** **1877-263-3944**

Date

Daytime Phone #

CR2E034 (9/01)