

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 14, 2001 8:00 am  
Secretary of State

03-14-2001 90434 001 \*\*\*300.00

DOCUMENT # P00000079410

1. Entity Name  
SABA HOLDING CORP.

Principal Place of Business  
1111 KANE CONCOURSE, #401  
BAY HARBOR ISLAND FL 33154

Mailing Address  
1111 KANE CONCOURSE, #401  
BAY HARBOR ISLAND FL 33154

31204



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
20818 WEST DIXIE Highway  
Suite, Apt. #, etc.

3. Mailing Address  
20818 W. DIXIE Highway  
Suite, Apt. #, etc.

City & State  
AVENTURA, FLA.

City & State  
AVENTURA, FLA.

4. FEI Number  
05-1047215

Applied For  
Not Applicable

Zip  
33180

Country

Zip  
33180

Country  
USA

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

GORFINKEL, NESTOR B  
1111 KANE CONCOURSE, #401  
BAY HARBOR ISLAND FL 33154

Name  
NESTOR GORFINKEL  
Street Address (P.O. Box Number is Not Acceptable)  
20818 West DIXIE Highway  
City  
AVENTURA FL Zip Code  
33180

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 [Signature] DATE 3/8/01  
Signature, typed or printed name of registered agent and then 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

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>President</u> <u>LUTS GORFINKEL</u> <u>20818 WEST DIXIE Highway</u> <u>AVENTURA, FLA. 33180</u>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>President</u> <u>NESTOR GORFINKEL</u> <u>20818 W. DIXIE Highway</u> <u>AVENTURA, FLA. 33180</u>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Secretary</u> <u>MARIA GORFINKEL</u> <u>20818 WEST DIXIE Highway</u> <u>AVENTURA, FLA. 33180</u>	<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

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 persons empowered.

SIGNATURE: [Signature] DATE 3/9/01 DAYTIME PHONE # 305.322-5757  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)