

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

05-29-2002 90707 045 ***150.00

DOCUMENT # P01000016018

1. Entity Name

SARANTECH, INC.

Principal Place of Business

2777 S CONGRESS AVE
 LAKE WORTH FL 33461

Mailing Address

2777 S CONGRESS AVE
 LAKE WORTH FL 33461

2. Principal Place of Business

301 FRANKLIN RD

3. Mailing Address

301 FRANKLIN RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WEST PALM BEACH FL

City & State

WEST PALM BEACH, FL

4. FEI Number

65-1077752

Applied For

Not Applicable

Zip
 33405

Country

USA

Zip

33405

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

FRANKLIN, ELLIOTT
 2777 S CONGRESS AVE
 LAKE WORTH FL 33461

7. Name and Address of New Registered Agent

Name Peter SARANTIDIS

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

301 FRANKLIN Rd.

City

WEST PALM BEACH FL

Zip Code

33405

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/30/02

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 P
 NAME SARANTIDIS, PETER ☐ Delete
 STREET ADDRESS 301 FRANKLIN RD
 CITY-ST-ZIP W PALM BCH FL 33405

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 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

TITLE ☐ Change ☐ Addition
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 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: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02 561-309-7227

Date

Daytime Phone #

CR2E034 (9/01)