

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90436 048 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000027584

1. Entity Name
SAMI DISTRIBUTORS INC

Principal Place of Business
3153 HALLANDALE BEACH BLVD
HALLANDALE, FL
33009

Mailing Address
3153 HALLANDALE BEACH BLVD
HALLANDALE, FL
33009

2. Principal Place of Business
3153 HALLANDALE BEACH BLVD
Suite, Apt. #, etc.

3. Mailing Address
3153 HALLANDALE BEACH BLVD
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
HALLANDALE FL

City & State
HALLANDALE FL

4. FEI Number
65-1084544

Applied For
Not Applicable

Zip
33009

Country

Zip
33009

Country

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

BALOUCH, FAROOQ
11122 NE 9th AVE
BISCAYNE PARK FL 33161

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

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ \$5.00
Trust Fund Contribution. 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	PVTS BALOUCH, FAROOQ 11122 NE 9th AVE BISCAYNE PARK FL 33161 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CR2034 (9/99)

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: 

FAROOQ BALOUCH

4/29/2002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #