

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 08, 2002 8:00 am
Secretary of State

09-08-2002 90129 049 ***150.00

DOCUMENT # P01000038511

1. Entity Name
SARA RESTAURANT, INC.

Principal Place of Business

1281 NORTH STATE ROAD 7
 MARGARET FL 33063

Mailing Address

1281 NORTH STATE ROAD 7
 MARGARET FL 33063

2. Principal Place of Business

1281 N State RD 7

3. Mailing Address

1303 N State RD 7

Suite, Apt. #, etc.

Suite, Apt. #, etc.

B4

City & State

Margate, FL 33063

City & State

Margate, FL

4. FEI Number

65-1092484

Applied For

Not Applicable

Zip

33063

Country

Broward

Zip

33063

Country

Broward

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ELSAWAF, MOHAMAD

**4305 W ATLANTIC BLVD APT 805
 COCONUT CREEK FL 33066**

7. Name and Address of New Registered Agent

Name

Mohamad ALSawaf

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

4305 W ATLANTIC BLVD. # 805

City

Coconut Creek

FL

Zip Code

33066

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

Mohamad ALSawaf

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

(NOTE: Registered Agent signature required when reinstating)

07.01.02

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 \$550.00
 After September 13, 2002 Fee will be \$750.00
 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 ☐ Delete
 NAME **President**
 STREET ADDRESS **Mohamad ALSawaf**
 CITY-ST-ZIP **4305 W ATLANTIC BLVD. # 805
 Coconut Creek, FL 33066**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
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 STREET ADDRESS
 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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 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 BLOCKED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07.01.02
 Date

954-719-1491
 Daytime Phone #

CR2E034 (4/02)

SARA RESTAURANT, INC
1281 N State RD 7
Margate, FL, 33063

Florida Department Of State
Division Of Corporations
P.O.Box 6327
Tallahassee, FL, 32314

Attachment
870951
#P01 000038511

9/3/2002

Dear Sir/Madam,

We're sending your department this application to renew our company's name: (Sara Restaurant, Inc), lately, we haven't received any application from you, and by the time we did, the due date had already passed, so we contacted your representative and she advised us to send a check with the amount of \$150.00.

Kindly, drop the penalties.

Best regards,
Mohanad Sawaf

9/3/2002