

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 03, 2003 8:00 am**  
**Secretary of State**

03-03-2003 90908 020 \*\*\*150.00

**DOCUMENT #** P01000038511

1. Entity Name

SARA RESTAURANT, INC. (Sawaf's)



Principal Place of Business

1281 NORTH STATE ROAD 7  
MARGARET FL 33063

Mailing Address

1303 N STATE RD 7  
B4  
MARGATE 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.

City & State

MARGATE, FL

City & State

MARGATE, FL

Zip

33063

Country

Broward

Zip

33063

Country

Broward

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-1093484

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ALSAWAF MOHAMAD

ALSAWAF, MOHAMAD

4305 W ATLANTIC BLVD #805

COCONUT CREEK FL 33066

7. Name and Address of New Registered Agent

Name

Mohamad AL Sawaf

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 AL Sawaf* President Mohamad AL Sawaf 02.27.03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P  
NAME AL SAWAF, MOHAMAD → Mohamad  
STREET ADDRESS 4305 W ATLANTIC BLVD #805  
CITY-ST-ZIP COCONUT CREEK FL 33066

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Mohamad AL Sawaf*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02.27.03  
Date

954-818-1491  
Daytime Phone #

CR2E034 (10/02)