2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # PO1000040053 S & K SUBMAY OF SARASOTA, INC. Principal Place of Business Mailing Address 865 SQRIT MANAM TRAIL SARASOTA F, 1928 APPROPRIATE NOT SUBMAY SARASOTA F, 1928 DO NOT WHITE IN THIS SPACE City A State Cit	2002	2 UNI	FORM BUSI	NESS REPO)RT	(UBI	R)	2 <i>t</i> . A p		LED 002 3		am
Principal Place of Business Best SOUTH TANABUL TRAIL SARASOTA R. 19238 Suite, April Principal Place of Business Suite, April Place of Bus	1. Entity Name									-		e
SARSOTA R. 9028 SARSOTA R. 9028 SUITA ANALANI TRAIL SARASOTA R. 9028 SUITA ANALANI TRAIL SARASOTA R. 9028 SUITA ANALANI TRAIL SUITA ANALANI SUITA	S & K SUE	BWAY OI	F SARASOTA, INC.						02-24-2002 900	JO4 UZ4 "	130.00	
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City & State City & State Country Country Country S. Certificate of Status Desired Se. 75 Additional Frequency Service Additional Frequency Service Additional Frequency Street Additional Country Service Additional Country	2. Principal P	ace of Busin	ess	3. Malling Address	<u> </u>				DI PODE OREH DOLE OREH D	Cil Boin #401		
Country Zp Country S. Certificate of Status Desired Set. 75 Applicable Set. 75 Ap	Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent	City & State			City & State				4. FEI Number Applied For Not Applied For				7
NAME SHADER, SAMER 451 SOUTH TAMIAMI TRAIL SARASOTA FL 34238 City FL Zip Code City Ci	Zip	Zip Country		Zip Coun		ntry	5. Certificate of Status Desired			\$8.75 Ad	Iditional	1
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		6. Name	and Address of Current Re	gistered Agent	_	Name		7. Name and Address				
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 9. This corporation is eligible to satisfy its intangible TELE NOW!!! FEE IS \$150.00. And May 12.002 Fee Will be \$55.00. ANd May 12.002 Fee Will be \$55.00. ANd Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE SARCIE CATA SIRET ADDRESS GIT-S1-ZP Delete ITILE NAME STRET ADDRESS GIT-S1-ZP Delete ITILE NAME STRET ADDRESS GIT-S1-ZP Delete TITLE NAME STRET ADDRESS GIT-S1-ZP TITLE Delete TITLE TITLE	8451 SOUTH TAMIAMI TRAIL					Street Ac	ddress (P	O. Box Number is Not A	cceptable)			
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 Signania, how or printed name of inglames spent and the 3 aspicable. DICTE Represend Agent agreeurs recurred when remarking. DATE	SANASOTA FE 34236					City	FL Zip Code					
9. This corporation is eligible to satisfy its Intanglible 1. TAR filling Jroquirement and elects to do so. (See criteria on back) 1. OFFICERS AND DIRECTORS 1. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IT ITTLE (STREET ADDRESS CITY-ST-2P TITLE (CITY-ST-2P) TITLE (CITY-S	8. The above	named entity	submits this statement for th	e purpose of changing its	register	ed office or	registere	d agent, or both, in the S	itate of Florida.	<u> </u>		
9. This corporation is eligible to satisfy its Intangible		Signature, typed	or printed name of registered agent and	title it spplicable. (NOT	E: Registere	d Agent signatu	re required w	rhert reinstating)	DATE)
TITLE	Tax filing re	equirement a	nd elects to do so.	After May 1, 20	02 Fee	will be \$5	50.00	Trust Fund C				- - -
NAME : STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS					12.			ADDITIONS/CHANGES	S TO OFFICERS AND	DIRECTOR	S IN 11	
TITLE	NAME STREET ADDRESS	SAMIR 6137 E	JENETU BU KHUDEB	CJ Delete	NAM STRE	E Et address				Change	☐ Addition	
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	NAME STREET ADDRESS			☐ Delete	NAME STREE	ET ADDRESS				Change	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 like empowered.	13. I hereby ce indicated o of the corporation changed, o	ertify that the on this report oration or the or on an attac	receiver or trustee empower hment with an address, with	e and accurate and that need to execute this report all other-like empowered.	the exer ny signat as requir	nption state ure shall ha ed by Chap	d in Secti ve the sar oter 607, F	ion 119.07(3)(i), Fiorida S me legal effect as if made florida Statutes; and that	statutes. I further cert e under oath; that I a my name appears in	fy that the in man officer Block 11 or	formation or director Block 12 if	