

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2003 8:00 am
Secretary of State

02-14-2003 90245 045 ***150.00

DOCUMENT # P01000046079



1. Entity Name
SAFARI FOOD PLACE, INC.

Principal Place of Business
**1630 NW 128TH DR #12/310
SUNRISE FL 33323**

Mailing Address
**1630 NW 128TH DR #12/310
SUNRISE FL 33323**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.
12-203

Suite, Apt. #, etc.
12-203

City & State

City & State

4. FEI Number **65-1100923**

Applied For
Not Applicable

Zip

Country

Zip

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

**SARASTI, DIEGO A
1630 NW 128TH DR #12/310
SUNRISE FL 33323**

Name

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

12-203

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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 ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PTD
MUNERA, CLAUDIA
708 PEACHTREE FOREST AE.
NORCROSS GA 30092** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VD
POSADA, OLGA
1630 NW 128 DR #13/310
SUNRISE FL 33323** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**SD
SARASTI, DIEGO A
1630 NW 128 DR #13/310
SUNRISE FL 33323** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**President
SARASTI, DIEGO ANDRES
1630 NW 128 DR # 12-203** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
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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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/11/03 954-845-9091

CP2E034 (10/02)