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2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000047325

1. Entity Name

DR. SAATHOFF ENTERPRISES, INC.



FILED May 01, 2003 8:00 am Secretary of State

05-01-2003 90309 048 ***150.00

1						WE THE					
2381 NE 14 ST . #203 238			2381	alling Address I81 NE 14 ST . #203 DMPANO BEACH FL 33062			; 		i i n i i n 11		
2. Principal Place of Business 3. Ma				ailing Address							
Suite, Apt. #, etc.				Suite, Apt. #, etc.			CHEC	CK HERE IF	MAKING (CHANGES	
City & State			City & State			4. FEI Number 65-1099765 Applied For					
Zip	Zip Country 2			Country			5. Certificate of Status Desired \$8.75 Additional Fee Required				
6. Name and Address of Current Register				ed Agent			7. Name and Address of New Registered Agent				
						Name					
Saathoff, Hendrik 2381 NE 14 St . #203				Street Addres			(P.O. Box Number is Not Acceptable)				
POMPANO) BEACH F	L 33062									
					Ci				FL	Zip Cod	[
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 it applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
FILE NOW!!! FEE IS \$150.00 After-May 1,-2003-Fee will be \$550.00 Trust Find Contribution Added to F											
Make Check	Payable to	Florida Department	of State				i dat i dila c	origination.	_	Addec	101003
10.		OFFICERS AND	DIRECTO	PRS	11.		ADDITIONS/CHANGE	S TO OFFIC	ERS AND [DIRECTOR	S IN 11
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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

424/2003

Daytime Phone #