

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 11, 2002 8:00 am
Secretary of State

03-11-2002 90004 023 ***150.00

DOCUMENT # P01000053846

1. Entity Name
SASSOON GROUP, INC.

Principal Place of Business

**1717 N. BAYSHORE DRIVE.
 SUITE #1035
 MIAMI FL 33132**

Mailing Address

**1717 N. Bayshore Dr. A Ste #1035
 MIAMI FL 33132**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1717 N. Bayshore Dr.

Suite, Apt. #, etc.
Suite # 1035

City & State
Miami, FL

Zip
33132

Country
U.S.A.

3. Mailing Address

1717 N. Bayshore Dr.

Suite, Apt. #, etc.
Suite #1035

City & State
Miami, FL

Zip
33132

Country
U.S.A.

4. FEI Number

65-1115709

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**CARLOS PASTOR & ASSOCIATES, P.A.
 301 S.W. 17TH ROAD
 2ND FLOOR
 MIAMI FL 33129**

7. Name and Address of New Registered Agent

Name
SAME

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

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

(NOTE: Registered Agent signature required when reinstating)

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 \$150.00
After May 1, 2002 Fee will be \$550.00
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 **CD** ☐ Delete
 NAME **SASSOON, DAVID R**
 STREET ADDRESS **1717 N. BAYSHORE DRIVE, SUITE #1035**
 CITY-ST-ZIP **MIAMI FL 33132**

TITLE **PD** ☐ Delete
 NAME **DE CASTRO, DALVO**
 STREET ADDRESS **1717 N. BAYSHORE DRIVE, SUITE #1035**
 CITY-ST-ZIP **MIAMI FL 33132**

TITLE **VSD** ☐ Delete
 NAME **LANTERI, ROBERT**
 STREET ADDRESS **1717 N. BAYSHORE DRIVE, SUITE #1035**
 CITY-ST-ZIP **MIAMI FL 33132**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 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 **Director**
 STREET ADDRESS **Ricardo Figueredo**
 CITY-ST-ZIP **SAME Address as #11 & Above**

TITLE ☐ Change ☒ Addition
 NAME **Director**
 STREET ADDRESS **Mo. Jamshidi**
 CITY-ST-ZIP **SAME address as #11**

TITLE ☐ Change ☒ Addition
 NAME **Director**
 STREET ADDRESS **Andrew A. Rota**
 CITY-ST-ZIP **SAME Address as #11**

TITLE ☐ Change ☒ Addition
 NAME **Director**
 STREET ADDRESS **Raymond Palmaccio**
 CITY-ST-ZIP **SAME as #11**

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DALVO DE CASTRO (305) 374-4998 2/25/02

Date Daytime Phone #

CR2E034 (9/01)