		0067030	•	¥ + 5 = 3+ −	FIL	ΞU	
1. Entity Name SARASA				02 AUG -5 PH 1:10			
			•				
Principal Plac	e of Business	Mailing Address			SECRETAR' TALLAHASS	Y OF STATE EE, FLORIDA	
1600 NW 120 DR B 11 APT-102			I 102	INTERN MARIETA			
SUNDING FE 1992							
							1 1111 <b>11</b> 11 1 <b>11</b> 1
2. Principal P	face of Business	3. Mailing Address					
7514 SAVANNAH GRAND AVE. 7514 SAVANNAH GRAND AV							
Suite, Apt. #, etc. #3101		Suite, Apt. #, etc. <b>4 310  </b>			DO NOT WRITE IN THIS SPACE		
City & State WINTER PARK, FLORIDA		City & State WINTER PARK, FLORI			FEI Number Applied For Not Applicable		
Zip 327	Country	<sup>Zip</sup> 32792	Country			□ \$8.75 Add	
<u> </u>	-6. Name and Address of Current R		<u>u.a.A.</u>	7.	Name and Address of New Regis		-
Name GRIMMAN GRACE							
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\					Box Number is Not Acceptable)		
MIAM 11 33131				7514 SAVANNAH GRAND AVE #3101			
			City	INTER		FL Zip Cod	92
	named entity submits this statement for	the purpose of changing its re					
the obligations of registered agent.							
SIGNATURE GLOCE GLIMAN Signature, typed or printed name of registered agent and title if applicable. (NOTE: hydrogent signature required when reinstating)  DATE							
9. This corporation is eligible to satisfy its Intangible  FILE NOW!!! FEE IS \$550.00  Tay filing requirement and elects to do so.  After September 13, 2002 Fee will be \$750.00							10 May Da
Tax filing requirement and elects to do so. (See criteria on back)  After September 13, 2002 Fee will Make Check Payable to Departm					Trust Fund Contribution.		d to Fees
11.	OFFICERS AND D	DIRECTORS	12.	Αſ	DDITIONS/CHANGES TO OFFICER	S AND DIRECTOR	S IN 11
TITLE NAME	PSD Savodivker, gabriel	☐ Delete	TITLE NAME			Change	☐ Addition 3
STREET ADDRESS	1600 NW 128 DR. B 11 APT. 102		STREET ADDRESS	7514	SAVANHAH GRAM	D AVE.	# 3101
CITY-ST, ZIP	SUNRISE FL 33323		CITY-ST-ZIP	MINTE	ER PARK, FL.3		
TITLE NAME		☐ Delete	TITLE NAME		40000697 -08/08/02	1944	Addition   C
STREET ADDRESS			STREET ADDRESS		-08/08/02 ****150.0	01037 <b></b> 0 )() ****15(	08 0.00
CITY-ST-ZIP TITLE		Dolato .	CITY-ST-ZIP TITLE	==		☐ Change	Addition
NAME		☐ Delete	NAME			Ondrige	L] Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				
TITLE		Delete	TITLE		· <del>· · · · · · · · · · · · · · · · · · ·</del>	Change	☐ Addition
NAME		_ 53335	NAME			_ ,	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				
TITLE		☐ Delete	TITLE		,	☐ Change	☐ Addition
NAME			NAME CTREET ADDRESS				
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				
TITLE		☐ Delete	TITLE			Change	☐ Addition
NAME STREET ADDRESS			NAME STREET ADDRESS		~		
CITY-ST-ZIP			CITY-ST-ZIP				
indicated of the cor	ertify that the information supplied with t on this report or supplemental report is t poration or the receiver or trustee empoy	rue and accurate and that my vered to execute this report as	signature shall h	ave the same	legal effect as if made under oath;	that I am an officer	or director
cnanged,	or on an attachment with an address, wi	un all otner like empowered.					1

SIGNATURE:

SIGNATURE REQUIRED

## SARASA CORPORATION

July 26, 2002

Florida State Department

To whom it may concern:

This letter is in reference to the fact that the accountant that opened the corporation And gave his address for such, never gave us the paperwork to pay on the due date.

For this reason I am now sending the payment.

State of Florida, County of Broward

Thanking you,

**GABRIEL S** 

PRESIDENT

Subscribed and sworn to before me this

MICHAEL MCLENNON COMMISSION # CC 949220

P01000067030 DOCUMENT #