

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State
 04-22-2002 90248 049 ***150.00

DOCUMENT # P01000089420

1. Entity Name
SDI RAGS INVESTIGATION CORP.

Principal Place of Business
232 POINCIANA ISLAND DRIVE
SUNNY ISLES BEACH FL 33160

Mailing Address
232 POINCIANA ISLAND DRIVE
SUNNY ISLES BEACH FL 33160



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
15421, West Dixie Highway

3. Mailing Address
SAME

Suite, Apt. #, etc.
Box #17

Suite, Apt. #, etc.

City & State
North Miami Beach, FL

City & State

4. FEI Number
65-1142334

Applied For
 Not Applicable

Zip
33162

Country
USA

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LEDUC, REJEAN
1001 NORTH FEDERAL HIGHWAY SUITE 202
HALLANDALE FL 33009

7. Name and Address of New Registered Agent

Name **SABBAN, DANIEL**
 Street Address (P.O. Box Number is Not Acceptable)
232 POINCIANA ISLAND DR.
 City **SUNNY ISLES BEACH FL** Zip Code **33160-4518**

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 **Pres SABBAN Daniel**

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 **PD** ☐ Delete
 NAME **SABBAN, DANIEL**
 STREET ADDRESS **SENTE A BOTTE 76360**
 CITY-ST-ZIP **BARENTIN FRANCE**

TITLE **DST** ☐ Delete
 NAME **LESUEUR, INGRID**
 STREET ADDRESS **SENTE A BOTTE 76360**
 CITY-ST-ZIP **BARENTIN FRANCE**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
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 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 an otherlike empowered.

SIGNATURE:

SABBAN DANIEL
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/02
 Date

786.5437275
 Daytime Phone #

CR2E034 (9/01)