

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90171 018 ***150.00

DOCUMENT # P01000089420

1. Entity Name
SDI RAGS INVESTIGATION CORP.



Principal Place of Business
15421 WEST DIXIE HIGHWAY
BAY #17
NORTH MIAMI BEACH FL 33162

Mailing Address
232 POINCIANA ISLAND DRIVE
SUNNY ISLES BEACH FL 33160

2. Principal Place of Business

3. Mailing Address
234, Poinciana dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Sunny Isles bch, FL

Zip

Country

Zip
33160

Country

4. FEI Number 65-1142334

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

SABBAN, DANIEL
232 POINCIANA ISLAND DR
SUNNY ISLES BEACH FL 33160-4518

7. Name and Address of New Registered Agent

Name

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

234, Poinciana Island dr.
City **Sunny Isles bch** FL Zip Code **33160**

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**
Trust Fund Contribution.

10. 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

11. 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
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 information.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04-15-03 7865437925

CR2E034 (10/02)