

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90167 038 \*\*\*150.00

DOCUMENT # P01000117055

1. Entity Name

Sazi Investments, Inc.

656513

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

1740 Brooks Lane

3. Mailing Address

1740 Brooks Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Oviedo FL

City & State

Oviedo FL

4. FEI Number

80-0004205

Applied For

Not Applicable

Zip

32765

Country

USA

Zip

32765

Country

USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Jose F. Safie

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

1740 Brooks Lane

City

Oviedo

FL

Zip Code

32765

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

**PRESIDENT**  
**FERNANDO SAFIE**

(NOTE: Registered Agent signature required when reinstating)

04/25/02

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☒

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**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  
NAME Jose F. Safie  
STREET ADDRESS 1740 Brooks Lane  
CITY-ST-ZIP Oviedo FL 32765

TITLE PS  
NAME Rosa I. Safie  
STREET ADDRESS 1740 Brooks Lane  
CITY-ST-ZIP Oviedo FL 32765

TITLE T  
NAME Francisco F. Safie  
STREET ADDRESS 1740 Brooks Lane  
CITY-ST-ZIP Oviedo FL 32765

TITLE  
NAME  
STREET ADDRESS  
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IN THIS SPACE**

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

**FERNANDO SAFIE**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/25/02

407-971-6177