## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

Mailing Address

MIAMI FL 33166

6929 NW 46TH ST.

## DOCUMENT # P01000122479

1. Entity Name

6929 NW 46TH ST.

MIAMI FL 33166

THE SASSO GROUP, INC.

Principal Place of Business



FILED Feb 07, 2003 8:00 am Secretary of State

02-07-2003 90043 001 \*\*\*150.00

22004700

Suite, Ag. 1, etc.   Suite,	2. Principal F	Place of Busin	3 Mail	3. Mailing Address 69 15 RED ROAD											
Note Applicable   Supplicable   Supplicabl		. #, etc	RoAd z			02				X	HECK HE	RE IF MAR	KING CH	HANGES	
### Addition   Change	City & State								4. FEI Number 30-0024223						,
WASHOFSKY, MARTIN E 8329 NW 46TH ST. MIAMI FL 33166  City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  SIN	33 M3	3	Country DADE	Zip.	33143 207			ÄĎE 5							
Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  City		6. Name	and Address of Current	Registere	d Agent				7. Na	ame and Add	ress of Ne	w Register	red Age	nt	
City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Signature, synature interest agent and the it applicable. (NOTE Registered Agent synature required African synature require	6929 NW	46TH ST.	N E	٠.				- .ddress (P.	.O. Bo	x Number is N	lot Accepta	able)	-		
the obligations of registered agent.  SIGNATURE  Signature Synature synature specially developed or printed name of registered agent agent synature recuired when relevating)  PILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  ITILE  SASSO, RICHARD E  SASSO, RICHARD E  SASSO, RICHARD E  SASSO, RICHARD E  STREET ADDRESS  CITY-51-2P  MAMI FL 33166  Delete  ITILE  NAME  STREET ADDRESS  CITY-51-2P  MAMI FL 33166  Delete  TITLE  NAME  STREET ADDRESS  CITY-51-2P  MAME  STREET ADDRESS  CITY-51-2P  TITLE  NAME  STREET ADR							City	•					FL	Zip Coc	le
FILE NOW!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITILE 0 SASSO, RICHARD E 6929 NW 46TH ST. CITY-ST-2P MIAMI FL 33166  Delete MAME STREET ADDRESS CITY-ST-2P MIAMI FL 33166  Delete MITE NAME STREET ADDRESS CITY-ST-2P  TITLE MAME				r the purpo	ose of changing its	s registere	ed office or	r registered	d age	nt, or both, in t	he State o	Florida. I	am fam	iliar with,	and accept
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10.	SIGNATURE .	Signature, typed	or printed name of registered agent	and title if appl	licable. (NOT	TE: Registere	d Agent signati	ure required w	vhen rein	nstating)		DA	ATE		
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	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAMI STRE	E Et address							Change	☐ Addition

2. 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 autress, with all other like empowered.

SIGNATURE:

SENATURE AND TYPED OR RINTED NAME OF SIGNING OFFICER OR DIRECTOR

elzlo3

786588 Sagr

Daytime Phone #

CR2E034 (10/02