2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P02000021046

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FILED Apr 14, 2003 8:00 am Secretary of State

1. Entity Name SARAH REALTY INC.							03-07-2003 90038 038 *** 130.00				
			Mailing Address C/O NRAI SERVICES, INC. 526 E. PARK AVE. TALLAHASSEE FL 32301								
342	Place of Busi	AN LORENZO	3. Mailing Address MADISON AVE			ME	A HOBANIKAN KAI DENIM ERANI RASHA BAKIN BANIA	ERIKT MACH IHAN REN	17 0 4810 0216 1086		
SUITE 1055			Suite, Apt. # etc. 3.00				☐ CHECK HERE IF MAKING CHANGES				
COR	AL_61	16 LES FL	NEW YORK		NY	4	. FEI Number 03-0394312		ot Applicable	}	
^{Zip} 33/4	16	Country USA	70022	Count	"US.	4 5	. Certificate of Status Desired	\$8.75 A		1	
	and Address of Current	Registered Agent		7. Name and Address of New Registered Agent Name							
NRAI SERVICES, INC.											
526 E. PARK AVE.					Street Ad	idress (P.O.	Box Number is Not Acceptable)				
TALLAHASSEE FL 32301										1	
		, 4			City		<u> </u>	FL Zip Co	de	1	
8. The above the obliga	named entit tions of regis	y submits this statement fo tered agent.	r the purpose of changing its	registere	d office or	registered a	agent, or both, in the State of Florida.	em familiar with	, and accept	1 -	
SIGNATURE		or printed name of registered agent a	and title if applicable. (NOTE	: Registered	Agent signatu	e required when	reinstating) D	ATE			
۰F	ILE NOW!	! FEE IS \$150.00	•				9. Election Campaign Financing			1	
		03 Fee will be \$550.00 o Florida Department of	itate				9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees				
10.	A	OFFICERS AND		11.	· · · · · · · · · · · · · · · · · · ·		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	IS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SING PARI	SUBJECTED SUBJECTED STOOL FAL	Delete		4.		. 4	☐ Change G	Addition	CR2E034 (10/02)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RICH SSL	PRESIDENT NO K. BERN MANSON AN	STEIN Delete		T ADORESS ST-ZIP			☐ Change	☐ Addition	CRZE	
TITLE NAME	SECH	RTARY	_ Delete	TITLE		-	The district form	☐ Change	☐ Addition		
STREET ADDRESS CITY-ST-ZIP	732.	THRELEWOOD M	1 11795		T ADDRESS					1	
TITLE NAME		, , . ,	☐ Delete	TITLE NAME		··········	,	☐ Change	Addition		
STREET ADDRESS CITY-ST-ZIP	į			STREET CITY-S	T ADDRESS 5T-ZIP						
TITLE			Delete	TITLE				☐ Change	☐ Addition		
NAME STREET ADDRESS CITY-ST-ZIP	i			NAME STREET CITY-S	ADDRESS		. &				
TITLE			☐ Delete	TITLE				Change	Addition		
STREET ADDRESS					ADDRESS				[
CITY-\$1-ZIP	<u></u>		<u> </u>	CITY-S		<u> </u>					
12. I hereby o	ertify that the	information supplied with I	this filing does not qualify for t	he exem	ption state	In Section	119.07(3)(i), Florida Statutes. I further	certify that the in	nformation		

eccurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director describe this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if her like employered.