2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT #**

P02000063303

1. Entity Name
SARI LENTERPRISE INC.



## **FILED** Mar 31, 2003 8:00 am Secretary of State 03-31-2003 90147 031 \*\*\*150.00

SARO LIVIERERIOL INC						
Principal Place of Business 1200-N-W-1716T-0TREET	1 <del>200 N 1</del>	Mailing Address 1200 N W 171ST STREET MIAMLEL 221S0			5 MAII AGH MAN RIGH NING 41	11 <b>60/01</b> 1611 1 <b>001</b>
2. Principal Place of Business 4822 NW 1673 Suite, Apt. #, etc.	48 25 48 20	Address  Apt. #, etc.	n 5t		RE IF MAKING CHANGE	ES
City & State Mianu FL	- City &	· I I		4. FEI Number 02-06065	Ω/1 ⊢	Applied For Not Applicable
33014 - U	5A 330	214 ==	untry	5. Certificate of Status Desire	ree nequ	
6. Name and A	ddress of Current Registered	Agent '	Name	7. Name and Address of Ne	w Registered Agent	
WYNTER, CAROL M 1 <del>280 N W 171ST STREET</del> MIAMI-FL 33169			Street Addres	ss (P.O. Box Number is Not Accepta トルい   67ナh	able)	
•			City Mic	ami	FL Zip Co	ode: O/4
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!!! FEI After May 1, 2003 Fee Make Check Payable to Flori	will be \$550.00			9. Election Campaigr Trust Fund Contrib		.00 May Be ded to Fees
10.	OFFICERS AND DIRECTORS	11		ADDITIONS/CHANGES TO		
TITLE PS NAME WYNTER, CARO STREET ADDRESS 1280 N W 171S' CITY-ST-ZIP MIAMI FL 33169		NA STI	TLE  ME  REET ADDRESS  TY-ST-ZIP  TU	resident lynter, CAROL 1 822 NW 3301	M. Achange	
TITLE V NAME WYNTER, NEVILI STREET ADDRESS CITY-ST-ZIP MIAMI FL 33169		NA STI	ME REET ADDRESS	ynter, Neville 322 NW 167th 1anv 71 330	B. X <sup>change</sup>	e Addition
T FORSTER, WILL STREET ADDRESS CITY-ST-ZIP MIAMI FL 33169		STI	ME REET ADDRESS Y-ST-ZIP	oster Willard 872 NW 1674h Vianni, 7L 33	5t 014	e Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP		sn		cretory oster, Andre 302 NW 167th		e XX Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		STI		<del></del>	☐ Change	e Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		sm	LE ME REET ADDRESS TY-ST-ZIP		☐ Change	e 🗀 Addition
12. I hereby certify that the inform	nation supplied with this filing do	es not qualify for the ex	emption stated in	Section 119.07(3)(i), Florida Statut	es. I further certify that the	e 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 empowered.

**SIGNATURE:**