FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) 03

FILED

03 SEP 30 AM 11:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000131928

1. Entity Name

SAMA, INC. dba AWNINGS BY K.C.

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1975 NW 18 Street
Suite B
Pompano Beach, FL
33069 | BROWARD | USA

3. Mailing Address
same
Suite, Apt. #, etc.
City & State
Zip | Country

4. FEI Number
11-3667630
☐ Applied For
☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: SPIEGEL + UTRERA, PA
Street Address (P.O. Box Number is Not Acceptable): 1840 SW 22 Street
4th FLOOR
City: MIAMI FL Zip Code: 33145

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: PRESIDENT / TREASURER NAME: EVERETT WATERMAN STREET ADDRESS: 1975 NW 18 Street, Suite B CITY-ST-ZIP: Pompano Beach FL 33069	TITLE: NAME: STREET ADDRESS: 100023141181 CITY-ST-ZIP: 09/30/03--01041--015 **61.25
TITLE: VICE-PRESIDENT / SECRETARY NAME: PEDRO FERNANDEZ STREET ADDRESS: 1975 NW 18 Street, Suite B CITY-ST-ZIP: Pompano Beach FL 33069	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
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CR2E034B (12/02)

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

SIGNATURE: EVERETT WATERMAN / PRESIDENT 9-23-03 (954) 970-2939
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #