PAID -4-1-00. \$150-4-1-00. - CK# 123 2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # **P92000007627** 1. Entity Name FILED SATTAUR ENTERPRISES, INC. 00 JUL 14 PM 3: 01 Mailing Address Principal Place of Business SECRETARY OF STATE 508 S. CANDLER AVENUE 508 S CANDLER AVE TALLAHASSEE FLORIDA ORLANDO FL 32835 ORLANDO FL 32835-1906 3. Mailing Address 2. Principal Place of Business 6444 W. COLONIAL DR AS ABOUE Suite, Apt. #, etc. DRLANDO City & State City & State LORIDA Not Applicable Country \$8.75 Additional Zip 32818 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SAME KONALD A. SATTAUR, TALA Street Address (P.O. Box Number is Not Acceptable) **508 CANDLER AVENUE** ORLANDO FL 32835 LL · FLA. 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Change ☐ Addition Delete TITLE **PVST** NAME NAME SATTAUR, RONALD A STREET ADDRESS STREET ADDRESS **508 CANDLER AVENUE** CITY-ST-ZIP CITY-ST-ZiP ORALANDO FL 32835 Change ☐ Delete TITLE ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-SY-7IP CITY-ST-ZIP ☐ Addition Change TIT! F ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Change Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete

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 of 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

SHOULDE RECREON 1945. A. SATTAUR) TO CHANGE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-9-80 . 407-292-

Daytime Phone #

SATTAUR KNTERPRISES JOBS 508 CANDLER AGE ORLANDO FZA.32835 July 9th 2000.

FLORIDA DEPT. OF. STATE. DIV. OF CORPORATIONS POBOX 6327 TALLAHASSEE.FL.32314.

RE: DOCUMENT # P 9 200000 1621.

DEAR SIR/MADAM.

A Comment

ON APRIL 4.2000 I MALED OUTTO YOUR OFFICE 2000 U.B.R. REMEWAL FORMS ALONG WITH MY CHECK # 1236 FOR: THE SUM OF \$150 DONE HUNDRED & FIFTY DOLLARS. TO COVER THE REMOVENAL. THIS IS THE THIRD (UBR) FORM I AM RETURNING TO YOU. FLEASE CHECK YOUR RECORDS.

MAS CASHED BY YOUR DEAT. Battail.

4/5/00 NAMONS BANK. JAKKSONVILLE. FLA

THELOSED IS A COPY OF THE FRONT & BACK OF MY CHECK