

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P92000007627**

1. Entity Name

SATTAUR ENTERPRISES, INC.**FILED****Apr 04, 2001 8:00 am**
Secretary of State

04-04-2001 90104 022 ***150.00

Principal Place of Business

6444 W. COLONIAL DR.
ORLANDO FL 32818
US

Mailing Address

508 S. CANDLER AVENUE
ORLANDO FL 32835-1906

2. Principal Place of Business

508 S. CANDLER AVE

Suite, Apt. #, etc.

3. Mailing Address

508 S. CANDLER AVE

Suite, Apt. #, etc.

City & State

ORLANDO FLA.

City & State

ORLANDO FLA

Zip

32835

Country

ORANGE

Zip

32835

Country

ORANGE

4. FEI Number

59-3154408

Applied For

☒ Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****SATTAUR, RONALD A**
508 CANDLER AVENUE
ORLANDO FL 32835

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
PVST
SATTAUR, RONALD A
508 CANDLER AVENUE
ORLANDO FL 32835TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)