FILED

## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPE

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## May 10, 2001 8:00 am Secretary of State DOCUMENT # **P93000017375** 1. Entity Name S.A.F. MARKET NO. 403, INC. 05-10-2001 90150 038 \*\*\*150.00 Principal Place of Business Mailing Address 7184 W PALMETTO PK RD 7184 W PALMETTO PK RD SUITE 101 SOUTH SUITE 101 SOUTH 00048963 **BOCA RATON FL 33433 BOCA RATON FL 33433** 3. Mailing Address -same Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 65-0437935 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JAFERI, ALI M 7184 PALMETTO PK RD **SUITE 101 SO BOCA RATON FL 33433** 8. The above named entiry submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE stered agent and title if applicable Signature, typed or printed name of r FILE NOW!!! FEE IS \$150.00 9. This corporation is el hible to satisfy i 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 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 12. 11. Addition TITLE Delete JAFERI, ALI M Jafen NAME STREET ADDRESS 1701 SW 12TH AVE. STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33486** CITY-ST-ZIP TITLE D Delete TITLE BARRY, SHAHID NAME NAME STREET ADDRESS 1701 SW 12TH AVE. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33486** TITLE Delete TITLE Change ☐ Addition **GUTTA, FRANK** NAME NAME STREET ADDRESS STREET ADDRESS 1701 SW 12TH AVE. CITY-ST-7IP CITY-ST-ZIP **BOCA RATON FL 33486** Change ■ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 redeiver or rules of the corporation or the redeiver or rules of the corporation of the corporation of the redeiver or rules of the corporation of the redeiver or rules of the redeiver of the changed, or on an attachme