

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2002 8:00 am
Secretary of State

01-17-2002 90027 030 ***150.00

DOCUMENT # P94000020455

1. Entity Name
SASSON REALTY CORP.

Principal Place of Business

10501 NW 7TH AVE
MAIMI FL 33150
US

Mailing Address

10501 NW 7TH AVE
MAIMI FL 33150
US

2. Principal Place of Business

11451 N.W. 36th Avenue

Suite, Apt. #, etc.

3. Mailing Address

11451 N.W. 36th Avenue

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Miami, Florida

Zip

33167

Country

U.S.

Zip

33167

Country

U.S.

4. FEI Number

65-0475382

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FELDMAN, BENNETT G
2655 LEJEUNE ROAD
STE 508
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	SASSON, ZAKAY	
STREET ADDRESS	10501 NW 7TH AVE	
CITY-ST-ZIP	MAIMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SASSON, EZRA	
STREET ADDRESS	10501 NW 7TH AVE	
CITY-ST-ZIP	MAIMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	FEFER, ENRIQUE	
STREET ADDRESS	10501 NW 7TH AVE	
CITY-ST-ZIP	MAIMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SASSON ZAKAY	
STREET ADDRESS	16495 N.E. 32nd Avenue	
CITY-ST-ZIP	Eastern Shores, Fla, 33160	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SASSON EZRA	
STREET ADDRESS	373 Center Island	
CITY-ST-ZIP	Golden Beach, Fla, 33160	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FEFER ENRIQUE	
STREET ADDRESS	19333 Collins Avenue, Apt F708	
CITY-ST-ZIP	Sunny Isles Beach, Fla, 33160	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

01/08/02

Date

305-6326439

Daytime Phone #

CR2E034 (9/01)