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

SIGNATURE:

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AME OF SIGNING OFFICER OF DIRECTOR

## Apr 16, 2001 8:00 am Secretary of State DOCUMENT # **P94000024224** 1. Entity Name SANO U.S.A., INC. 04-16-2001 90037 018 \*\*\*150.00 Principal Place of Business Mailing Address 6998 NW 25 ST P. O . BOX 450839 UUU36883 MIAMI FL 33122 MIAMI FL 33245 2. Principal Place of Business 3. Mailing Address ST. 7272 NW Suite, Apt, #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0478932 MIAMI Not Applicable Zip-Ziperson Country.... \$8.75 Additional 5. Certificate of Status Desired 3122 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ATTIAS, JOSEPH Street Address (P.O. Box Number is Not Acceptable) 6998 NW 25 ST MIAM! FL 33122 Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME ATTIAS, JOSPEH 7272 NW 33 ST. STREET ADDRESS STREET ADDRESS 6998 NW 25 ST CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33122 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Defete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME: STREET ADDRESS 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.

TOSEPH ATTIAS