

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90335 044 ***150.00

DOCUMENT # P94000024224

1. Entity Name
SANO U.S.A., INC.

Principal Place of Business
7272 NW 33RD STREET
MIAMI FL 33122

Mailing Address
P. O. BOX 450839
MIAMI FL 33245



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7217 N.W. 32 ST.

3. Mailing Address

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

Zip

Country

Zip

Country

33122

4. FEI Number **65-0478932**

Applied For

Not Applicable

5. 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

ATTIAS, JOSEPH
6998 NW 25 ST
MIAMI FL 33122

Name

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

7217 NW 32 ST.

City

MIAMI

FL

Zip Code

33122

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **ATTIAS, JOSEPH**
STREET ADDRESS **7272 NW 33RD STREET**
CITY-ST-ZIP **MIAMI FL 33122**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **7217 NW 32 ST**
CITY-ST-ZIP **MIAMI FL 33122**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
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TITLE ☐ 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 (9/01)