

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State
 05-14-2002 90029 018 ***150.00

DOCUMENT # P94000039792

1. Entity Name

AB LIONAL SACON INTERNATIONAL, INC.

Principal Place of Business

**6604 SWEET MAPLE W.
 BOCA RATON FL 33433
 US**

Mailing Address

**PO BOX 812095
 BOCA RATON FL 33481
 US**

80099033



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

FLORIDA

3. Mailing Address

P.O. BOX 812095

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BOCA RATON, FL

City & State

FLORIDA

4. FEI Number

65-0495459

Applied For

Not Applicable

Zip

33481

Country

USA

Zip

33481

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SACON, LIONEL
 6604 SWEET MAPLE W.
 BOCA RATON FL 33433**

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 **GMST**
 NAME **SACON, LIONEL**
 STREET ADDRESS **PO BOX 812095**
 CITY-ST-ZIP **MIAMI FL 33481**

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
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TITLE ☐ Change ☐ Addition

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TITLE ☐ Change ☐ Addition

NAME
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 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05-26-02 561-706-7065

Date

Daytime Phone #

CR2E034 (9/01)