

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000054663

1. Entity Name

S A F INVESTMENT # 786, INC.

FILED
May 06, 2000 8:00 am
Secretary of State

05-06-2000 90243 001 ***750.00

Principal Place of Business

1760 S. MILITARY TR.
WEST PALM BEACH FL 33406
US

Mailing Address

1701 SW 12TH AVE.
BOCA RATON FL 33433-3406

2. Principal Place of Business

7284 W. Palmetto Park Road

Suite, Apt. # **Suite 101 South**
Boca Raton, FL 33433

City & State

Zip

Country

3. Mailing Address

7284 W. Palmetto Park Road

Suite, Apt. # **Suite 101 South**
Boca Raton, FL 33433

City & State

Zip

Country

4. FEI Number

65-0523980

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JAFERI, ALI M
1701 SW 12TH AVE
BOCA RATON FL 33486

7. Name and Address of New Registered Agent

Name

Jafari Ali M

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

7284 W. Palmetto Park Road
Suite 101 South
Boca Raton, FL 33433

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

4/29/02

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, 2000 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	P	<input type="checkbox"/> Delete
NAME	JAFERI, ALI M	
STREET ADDRESS	1701 SW 12TH AVE.	
CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	SHAHID, BARRY	
STREET ADDRESS	1701 SW 12TH AVE.	
CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE	T	<input type="checkbox"/> Delete
NAME	GUTTA, FRANK	
STREET ADDRESS	1701 SW 12TH AVE.	
CITY-ST-ZIP	BOCA RATON FL 33486	
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	<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	
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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/29/02

(561) 392-9450

CR2E034 (9/99)