

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000090864

1. Entity Name

SAKO U.S.A. INC.

FILED

Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90021 015 ***150.00

Principal Place of Business

Mailing Address

721 NORTH FEDERAL HWY
FT. LAUDERDALE FL 33304
US

2350 CHEMIN MANELLA RD.
100
MONTREAL QU H4P-2
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0570484

Applied For

Not Applied

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

~~SARKIS SAKO LIBERIAN~~
~~731 N. FEDERAL HWY~~
~~SUITE 301~~
~~FT. LAUDERDALE FL 33304~~

Name

SARKIS SAKO LIBERIAN
Street Address (P.O. Box Number is Not Acceptable)
3850 GALT OCEAN DR,
SUITE 1102

City

Ft. LAUDERDALE

FL

Zip Code
33308

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE C
NAME LIBERIAN, HAROUTIOUN
STREET ADDRESS 2350 MANELLA RD. 100
CITY-ST-ZIP VILLE MONT ROYAL Q. ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Additio

TITLE F
NAME KORSOS, GREGORY N
STREET ADDRESS 2350 MANELLA RD. 100
CITY-ST-ZIP VILLE MONT ROYAL Q. ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Additio

TITLE S
NAME LIBERIAN, SARKIS
STREET ADDRESS 2350 MANELLA RD. 100
CITY-ST-ZIP VILLE MONT ROYAL Q. ☐ Delete

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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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1994) 5680163
January 14, 2000 (54) 7353701
Date Daytime Phone #