

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 95 000000 438 (3)

1. Entity Name

SASHA, INC.

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90967 039 ***150.00

Principal Place of Business

Mailing Address

6615 BOYNTON BEACH BLVD.
SUITES 19 & 20
BOYNTON BEACH, FLA. 33437

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

65-0553499

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JUDI ARTZT
6615 BOYNTON BEACH BLVD.
SUITES 19 & 20
BOYNTON BEACH, FLA. 33437

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, 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	SECRETARY	<input type="checkbox"/> Delete
NAME	JUDI ARTZT	
STREET ADDRESS	SUITES 19 & 20	
CITY-ST-ZIP	6615 BOYNTON BEACH BLVD. BOYNTON BEACH, FLA. 33437	
TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME	NORMAN ARTZT	
STREET ADDRESS	SUITES 19 & 20	
CITY-ST-ZIP	6615 BOYNTON BEACH BLVD. BOYNTON BEACH, FLA. 33437	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Norman Artzt NORMAN ARTZT 4/26/00 (561) 734-7562

CR2E034 (9/99)