

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90339 023 ***150.00

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DOCUMENT # P95000007456

1. Entity Name
SABA DECORATING, INC.



Principal Place of Business
**145 YACHT CLUB WAY
B-06 143 APT 110
HYPOLUXO FL 33462
US**

Mailing Address
**145 YACHT CLUB WAY
BLDG 145 APT 110
HYPOLUXO FL 33462
US**



2. Principal Place of Business
106 SPRUCE ST.
Suite, Apt. #, etc.

3. Mailing Address
106 SPRUCE ST.
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
BOYNTON BEACH, FL.
Zip
33426
Country
US

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BOYNTON BEACH, FL.
Zip
33426
Country
US

4. FEI Number. **65-0553133**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SABA, RICK J
145 YACHT CLUB WAY
BLDG 145 APT 110
HYPOLUXO FL 33462**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
SABA, RICK J
145 YACHT CLUB WAY, BLDG 145 APT 110
HYPOLUXO FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPT
SABA, CAROL A.
145 YACHT CLUB WAY, BLDG 145 APT 110
HYPOLUXO FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with an officer like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-03

Date

561-547-8055

Daytime Phone #

CR2E034 (10/02)