

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000045401

1. Entity Name

SAKO HOLDING U.S.A., INC.

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90021 016 ***150.00

Principal Place of Business

731 NORTH FEDERAL HWY
FORT LAUDERDALE FL 33300
US

Mailing Address

731 NORTH FEDERAL HWY
FORT LAUDERDALE FL 33304-2732
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

2350 MANUELLA ROAD

Suite, Apt. #, etc.

SUITE 100

City & State

MONTREAL QUEBEC

Zip

H4P-2P4

Country

CANADA

4. FEI Number

65-0597706

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

~~LIBERIAN, SARKIS-S~~
~~731 N. FEDERAL HWY~~
~~FT LAUDERDALE FL 33304~~

7. Name and Address of New Registered Agent

Name

LIBERIAN, SARKIS S

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

3850 GULF BEACH 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

TITLE DP
NAME LIBERIAN, SAKO
STREET ADDRESS 731 NORTH FEDERAL HWY
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS 2350 MANUELLA ROAD
CITY-ST-ZIP Suite 100, Montreal, QUEBEC

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

JANUARY 14, 2000 (954) 568 0163
614 735-3701
Date Daytime Phone #