2002 UNIFORM BUSINESS REPORT (UBR)

P95000067041 **DOCUMENT#**

1. Entity Name

S A S ELECTRONICS, INC.

Principal Place of Business

Mailing Address

4995 NW 72 AVE SUITE 102 MIAMI FL 33166

4995 NW 72 AVE SUITE 102

MIAMI FL 33166

FILED Sep 12, 2002 8:00 am Secretary of State 09-12-2002 90062 016 ***550.00

			a.						
2. Principal Place of Business			3. Mailing Address			î îsbilistor îlo îdidi. Bilili bolili bolili bolili bolili bolili bolili	HARI (ile ir fe ill	518 3 1 1181 1531	
Suite, Apt. #, etc.			Suite, Apt. #, etc.		-	DO NOT WRITE IN THIS SPACE			
City & State			City & State		4.	65-1614572		oplied For	
Zip		Country	Zip	Country	5.		\$8.75 Ad	ditional	
	6. Name	and Address of Current I	Registered Agent		7.	Name and Address of New Registered A	•		
14" 27	· ·		Name						
KLIGER,									
	72: AVENUE			Street Addres	Street Address (P.O. Box Number is Not Acceptable)				
SUITE 10			- \			·	•		
MIAMI FL			City		FL	Zip Cod	e		
the obligat	tions of registe	submits this statement for ered agent, or printed name of registered agent a		registered office or regis		gent, or both, in the State of Florida. I am fi	amiliar with,	and accept	
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 \$550.00 After September 13, 2002 Fee will be \$750.0 Make Check Payable to Department of State			Election Campaign Financing Trust Fund Contribution.		0 May Be to Fees	
11.	· · · · · · · · · · · · · · · · · · ·			12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE Name Street Address City-St-Zip	D KLIGER, S 4995 NW I MIAMI FL	AM 72 AVENUE #102	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition	
TITLE Name Street address City-St-Zip			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		unaceps -	☐ Delete	TITLE NAME STREET ADDRESS - CITY-ST-ZIP	æse .		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE			☐ Delete	TITLE		- · · · · · · · · · · · · · · · · · · ·	Change	Addition	

13. I hereby certify that the information supplied with this filing do indicated on this report or supplemental report is frue and confidence of the corporation of the ecciver or trustee employered been changed, or on an attachment with an address, with all other does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information occurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director execute the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

NAME STREET ADDRESS

NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

Delete

Date

Daytime Phone #

☐ Change

■ Addition