Amended UBR

FILED

03 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

03 MAY -5 AM 10:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000095264

1. Entity Name
SABON INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
805 West Broward Blvd.	805 West Broward Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Fort Lauderdale, FL	City & State: Fort Lauderdale, FL
Zip: 33312 Country: USA	Zip: 33312 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0626541 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: James D Payer Esquire

Street Address (P.O. Box Number is Not Acceptable): 1999 S.W. 27 Ave 2nd Floor

City: Miami FL Zip Code: 33145

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

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	President	TITLE	000018839900
NAME	Cole D. LeAvitt	NAME	05/13/03--01061--006 **61.25
STREET ADDRESS	1018 SW 9th St	STREET ADDRESS	
CITY-ST-ZIP	Fort Lauderdale FL 33312	CITY-ST-ZIP	
TITLE	Vice President	TITLE	
NAME	Steven F. Noccrini	NAME	
STREET ADDRESS	2450 NE 135th St #1003	STREET ADDRESS	
CITY-ST-ZIP	N Miami, FL 33181	CITY-ST-ZIP	
TITLE	Vice President	TITLE	
NAME	James F Shipley	NAME	
STREET ADDRESS	8303 N.W. 100th Drive	STREET ADDRESS	**DO NOT WRITE**
CITY-ST-ZIP	Tamarac, FL 33321	CITY-ST-ZIP	
TITLE		TITLE	**IN THIS SPACE**
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034B (12/02)

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 above or an attachment with an address, with all other like empowered.

SIGNATURE: Steve Noccrini V.P. 5/2/03 (954) 709-1002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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