

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90615 001 ***150.00

DOCUMENT # P96000034450

1. Entity Name
SAN ENTERPRISES, INC.

Principal Place of Business
% JEFFREY M. PERLOW. ESQ.
1820 EAST HALLANDALE BEACH BLVD.
HALLANDALE FL 33009

Mailing Address
% JEFFREY M. PERLOW. ESQ.
1820 EAST HALLANDALE BEACH BLVD.
HALLANDALE FL 33009



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
20801 Biscayne Boulevard
 Suite, Apt. #, etc.
Suite 505

3. Mailing Address
20801 Biscayne Boulevard
 Suite, Apt. #, etc.
Suite 505

City & State
Aventura, FL

City & State
Aventura, FL

4. FEI Number **65-0668128** Applied For
 Not Applicable

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

Zip **33180** Country **USA** Zip **33180** Country **USA**

6. Name and Address of Current Registered Agent
PERLOW, JEFFREY M
% JEFFREY M. PERLOW & ASSOCIATES, P.A.
1820 E. HALLANDALE BEACH BLVD.
HALLANDALE FL 33009

7. Name and Address of New Registered Agent
 Name **Jeffrey M. Perlow**
 Street Address (P.O. Box Number is Not Acceptable)
20801 Biscayne Boulevard, #505
 City **Aventura** **FL** Zip Code **33180**

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 DATE **3/5/02**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	PD JAIN, NEERA % 1820 E. HALLANDALE BEACH BLVD. HALLANDALE FL 33009	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	20801 Biscayne Boulevard, #505 Aventura, FL 33180	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **3/6/2002**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)