

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90166 039 ***150.00

DOCUMENT # P96000045795

1. Entity Name
SARA WAIJMAN DESIGNS CORPORATION

Principal Place of Business
20401 NE 30TH AVE. #114
AVENTURA FL 33180

Mailing Address
20401 NE 30TH AVE. #114
AVENTURA FL 33180



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3105 NE 210 Terrace.

3. Mailing Address
3105 NE 210 Terrace

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
AVENTURA FL

City & State
AVENTURA FL

4. FEI Number **65-0670859**

Applied For
Not Applicable

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

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

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WAIJAM, SARA
1437 MARINER WAY
HOLLYWOOD FL 33019

Name **WAIJMAN Sara**

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

3105 NE 210 Terrace

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 _____ 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, 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 **D** ☐ Delete
NAME **WAIJMAN, SARA**
STREET ADDRESS **1437 MARINER WAY**
CITY-ST-ZIP **HOLLYWOOD FL 33019**

TITLE **D** ☒ Change ☐ Addition
NAME **WAIJMAN Sara**
STREET ADDRESS **3105 NE 210 TERRACE**
CITY-ST-ZIP **AVENTURA FL 33180**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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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: SARA WAIJMAN **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(305) 466-9565

CR2E034 (9/01)