

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2001 8:00 am
Secretary of State

04-10-2001 90018 030 ***150.00

DOCUMENT # P96000089634

1. Entity Name

S.F.R. INTERNATIONAL, INC.

Principal Place of Business

**1860 WEST AVE
MIAMI BEACH FL 33139
US**

Mailing Address

**P.O. BOX 403398
MIAMI BEACH FL 33140**

2. Principal Place of Business

45 NE 45 STREET

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

4. FEI Number **65-0706698**

Applied For

Not Applicable

Zip

33137

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ZAQUI, ALAIN
3650 FLAMINGO DR.
MIAMI FL 33161**

7. Name and Address of New Registered Agent

Name

ZAQUI, ALAIN

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

208 POINCIANA ISLAND DRIVE

City

SUNNY ISLES BEACH FL

Zip Code

33160

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.

Alain Zaqui

(NOTE: Registered Agent signature required when reinstating)

March 28, 2001

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, 2001 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 **DV** ☐ Delete
NAME **ZAQUI, SAM**
STREET ADDRESS **3650 FLAMINGO DR.**
CITY-ST-ZIP **MIAMI BEACH FL 33140**

TITLE **DP** ☐ Delete
NAME **ZAQUI, ALAIN**
STREET ADDRESS **3650 FLAMINGO DR.**
CITY-ST-ZIP **MIAMI BEACH FL 33140**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DV** ☒ Change ☐ Addition
NAME **ZAQUI, SAM**
STREET ADDRESS **208 POINCIANA ISLAND DRIVE**
CITY-ST-ZIP **SUNNY ISLES BEACH FL 33160**

TITLE **DP** ☒ Change ☐ Addition
NAME **ZAQUI, ALAIN**
STREET ADDRESS **208 POINCIANA ISLAND DRIVE**
CITY-ST-ZIP **SUNNY ISLES BEACH FL 33160**

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

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

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

TITLE ☐ Change ☐ Addition
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Alain Zaqui

Date

March 28, 2001

Daytime Phone #

305.5717100

CR2E034 (10/00)

0173842