

**FILED**  
**May 08, 2002 8:00 am**  
**Secretary of State**

05-08-2002 90010 029 \*\*\*150.00

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P97000006870

1. Entity Name  
Saba Computer Consulting, Inc.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
6619 S. Dixie Highway

3. Mailing Address  
6619 S. Dixie Highway

Suite, Apt. #, etc.  
Suite 332

Suite, Apt. #, etc.  
Suite 332

DO NOT WRITE IN THIS SPACE

City & State  
Miami, Florida

City & State  
Miami, Florida

4. FEI Number ☒ Applied For  
Not Applicable

Zip Country  
33143 USA

Zip Country  
33143 USA

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

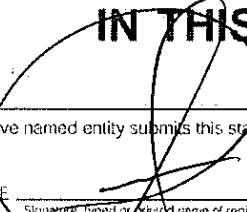
**7. Name and Address of Current Registered Agent**

Name  
Behzad Saba  
Street Address (P.O. Box Number is Not Acceptable)  
6619 S. Dixie Highway, Suite 332

City State Zip Code  
Miami FL 33143

**DO NOT WRITE  
IN THIS SPACE**

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 4/29/02

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) ☐

**January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
P., VP, S., T  
Behzad Saba  
6619 S. Dixie Highway, Suite 332  
Miami, Florida 33143

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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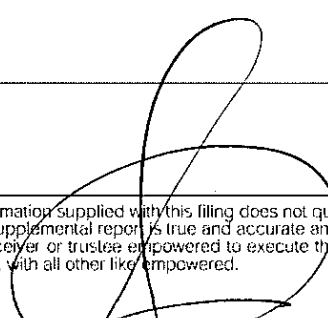
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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 4/29/02 305-310-3311

DATE

DAYTIME PHONE #

CR2E034B (12/01)