

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90057 011 ***150.00

DOCUMENT # P97000007239

1. Entity Name
SAZAM, INC.

Principal Place of Business
1 SOUTHEAST 3RD AVE.15TH FLOOR
MIAMI FL 33131

Mailing Address
1 SOUTHEAST 3RD AVE.15TH FLOOR
MIAMI FL 33131

2. Principal Place of Business
1 S.E. 3 AVE
 Suite, Apt. #, etc.
SUITE 2240
 City & State
MIAMI, FL

3. Mailing Address
1 S.E. 3 AVE
 Suite, Apt. #, etc.
SUITE 2240
 City & State
MIAMI, FL

Zip
33131 Country
USA

Zip
33131 Country
USA

4. FEI Number **65-0735585**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

CALVAR, DENISE
1 SOUTHEAST 3RD AVE.15TH FLOOR
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name
DENISE MLOT
 Street Address (P.O. Box Number is Not Acceptable)
1 SE 3 AVE
SUITE 2240
 City
MIAMI FL Zip Code
33131

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]* **DENISE MLOT** DATE **4/26/02**
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

TITLE
D ☐ Delete
 NAME
CALVAR, DENISE
 STREET ADDRESS
1 SOUTHEAST 3RD AVE.15TH FLOOR
 CITY-ST-ZIP
MIAMI FL 33131

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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]* **SANFORD D. MLOT** DATE **4/26/02** DAYTIME PHONE # **305-377-1800**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)