## 2002 UNIFORM BUSINESS REPORT (UBR)

## Jan 17, 2002 8:00 am Secretary of State P97000008794 DOCUMENT # 1. Entity Name SASSON DEVELOPMENT CORP. 01-17-2002 90034 049 \*\*\*150.00 Principal Place of Business Mailing Address 10501 N.W. 7TH AVE. 10501 N.W. 7TH AVE. MIAMI FL 33150 MIAMI FL 33150 2. Principal Place of Business 3. Mailing Address N,W 1145/ N.W Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Florida 65-0729340 m19m( Ulami Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FELDMAN, BENNETT G Street Address (P.O. Box Number is Not Acceptable) 2655 LEJEUNE ROAD, SUITE 508 CORAL GABLES FL 33134 City Zip Code FL 8. The above named exity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Delete TITLE SASSON ZAKAY 16495 N.E. 32nd Avenue SASSON, ZAKAY NAME NAME 10501 N.W. 7TH AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33150 CITY-ST-ZIP Eastern Shores. Fl, 33160 TITLE ☐ Delete TITLE NAME FEFER, ENRIQUE FEFER ENRIQUE 19333 Collins Avenue. Apr 1708 Sunny Isles Beach, Fl. 33160 NAME STREET ADDRESS 10501 N.W. 7TH AVE. STREET ADDRESS CITY-ST-ZIP MIAMI FL 33150 CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7(P CITY-ST-ZIP ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 any 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 the overline.

SIGNATURE:

SIGNATURE AND SECRET SHAPE OF SIGNING OFFICER OR DIRECTO

01/08/02

305-6326439

FILED

Daytime Phone #