2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000020020

Signature, typed or printed name of registered agent and title if applicable.

OFFICERS AND DIRECTORS

1. Entity Name

SABA ENTERPRISE OF TAMPA, INC.

SABA, MARWAN

SIGNATURE

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-7/P

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIF

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

TITLE NAME

TITLE

NAME

TITLE NAME

11.

11561 WALSINGHAM RD **LARGO FL 33778**

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

SABA, MARWAN

LARGO FL 33778

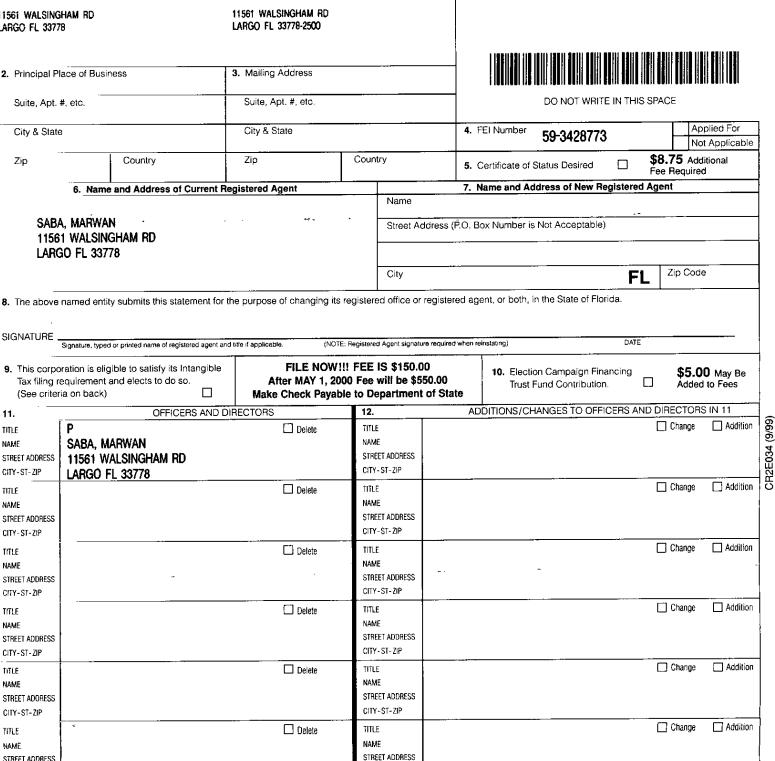
11561 WALSINGHAM RD

(See criteria on back)

Mailing Address Principal Place of Business 11561 WALSINGHAM RD 11561 WALSINGHAM RD LARGO FL 33778-2500 **LARGO FL 33778** 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zip Country Zip Country 6. Name and Address of Current Registered Agent Name

FILED Jan 20, 2000 8:00 am Secretary of State

01-20-2000 90166 004 ***150.00



13. I hereby certify that the information supplied with this filling 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 a address, with all other like empowered.

CITY-ST-ZIP

City

12.

TITLE

NAME

TITLE

NAME

NAME

CITY-ST-ZIP

CITY-ST-7IP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

☐ Delete

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR