

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 15, 2000 8:00 am**  
**Secretary of State**  
 03-15-2000 90134 021 \*\*\*150.00

**DOCUMENT # P97000022248**

1. Entity Name

**SACABO ASSOCIATES INC.**

Principal Place of Business

C/O JANE LAMBERSON  
 4501 TT N. #204  
 NAPLES FL 34103  
 US

Mailing Address

777 LANTANA ROAD  
 % WAYNE M. LEVINE  
 LANTANA FL 33462-1632

2. Principal Place of Business

40 JANE LAMBERSON

3. Mailing Address

40 JANE LAMBERSON

Suite, Apt. #, etc.

4501 TAMiami TR N #204

Suite, Apt. #, etc.

4501 TAMiami TR N #204

City & State

NAPLES, FL

City & State

NAPLES, FL

Zip

Country

34103 USA

Zip

Country

34103 USA

4. FEI Number

65-0736800

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

4501 TAMiami TR. N. #204

City

FL

Zip Code

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

(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)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CALMES, JEAN 86 RUE DU CHERCHE-MIDI F-75006 PARIS FRANCE	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVP S.T.D CALMES, JEAN 4 RUE DU PARC, L-5374 MUNSBACH Gr-D OF LUXEMBOURG	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LAMBERSON, JANE E 4501 TAMiami TR. N., #204 NAPLES FL 34103	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

*J. Calmes*  
 J. CALMES : president

Feb. 25<sup>th</sup> 2000

Date

daytime Phone #

CR2E034 (9/99)