

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000058679

1. Entity Name

SEQUOR, CORP.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90433 010 ***150.00

Principal Place of Business

Mailing Address

1433 NW 91 AVE
#1634
CORAL SPRINGS FL 33071

1433 NW 91 AVE
#1634
CORAL SPRINGS FL 33071-6693

2. Principal Place of Business
7515 NW 79 Ave. #314

3. Mailing Address
8209 N. Pine Island Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.
Box 30

City & State
Tamarac, FL

City & State
Tamarac, FL

Zip
33321-2820

Country
Broward

Zip
33321

Country
Broward

4. FEI Number
65-0763718

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

SABINS, RALPH
1433 NW 91 AVE
#1634
CORAL SPRINGS FL 33071

Name
Ralph Sabins

Street Address (P.O. Box Number is Not Acceptable)
7515 NW 79 Ave. #314

City
Tamarac

FL

Zip Code
33321-2820

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

Ralph Sabins

Ralph Sabins, President

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
SABINS, RALPH
1433 NE 91 AVE #1634
CORAL SPRINGS FL 33071 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P, S, T
Ralph Sabins
7515 NW 79 Ave., #314
Tamarac, FL 33321-2820 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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: *Ralph Sabins* Ralph Sabins

954-294-3407

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CF:2E034 (9/99)