

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90072 020 ***150.00

DOCUMENT # P97000070820

1. Entity Name
SABRYN, INC.

Principal Place of Business

~~3520 S MIAMI RD~~
FORT LAUDERDALE FL 33316
US

Mailing Address

100 SE 2ND ST
STE 3400
MIAMI FL 33131

2. Principal Place of Business

1000 River Reach Dr
 Suite, Apt. #, etc.
222

3. Mailing Address

100 SE 2nd Street
 Suite, Apt. #, etc.
Ste 1200

City & State

Fort Lauderdale, FL

City & State

Miami FL

4. FEI Number

65-0777104

Applied For

Not Applicable

Zip

33315

Country

USA

Zip

33313

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FINEBERG, JUSTIN C
100 S.E. 2ND STREET, SUITE 3400
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name **Justin C. Fineberg**
Street Address (P.O. Box Number is Not Acceptable)
100 S.E. 2nd Street
Suite 1200
City **Miami** **FL** **Zip Code** **33324**

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.

Justin Fineberg

(NOTE: Registered Agent signature required when reinstating)

4/29/02
 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, 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 **PD** ☐ Delete
NAME **ZIPRIS, STEPHEN A**
STREET ADDRESS **1000 RIVER REACH DR #222**
CITY-ST-ZIP **FT LAUDERDALE FL 33315**

TITLE **VD** ☐ Delete
NAME **ECKERT, BRIAN**
STREET ADDRESS **555 CHURCH ST., APT. 1105**
CITY-ST-ZIP **NASHVILLE TN 37219**

TITLE **SD** ☐ Delete
NAME **ECKERT, NANCY D**
STREET ADDRESS **555 CHURCH ST., APT. 1105**
CITY-ST-ZIP **NASHVILLE TN 37219**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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

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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: **STEPHEN A. ZIPRIS, President 4/29/02**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)