

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 13, 2001 8:00 am
Secretary of State

04-13-2001 90029 006 ***150.00

DOCUMENT # P97000077236

1. Entity Name

SACCOH'S PROFESSIONAL BUYING AGENCY, INC.

Principal Place of Business

Mailing Address

HOMESTYLE LAUNDRY
10398 SEMINOLE BLVD., H1
SEMINOLE FL 33778

10395 SEMINOLE BLVD
SEMINOLE FL 33778

528445



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3465738

Applied For
Not Applicable

Zip

Country

Zip

Country

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

SACCOH, SANUSIE
10395 SEMINOLE BLVD
SEMINOLE FL 33778

Name

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

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, 2001 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 PD ☐ Delete
NAME SACCOH, SANUSIE
STREET ADDRESS 10395 SEMINOLE BLVD
CITY-ST-ZIP SEMINOLE FL 33778

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

TITLE VD ☒ Delete
NAME SACCOH, FATMATA
STREET ADDRESS 10395 SEMINOLE BLVD
CITY-ST-ZIP SEMINOLE FL 33778

TITLE ☐ Change ☒ Addition
NAME VICTORIA K. STANDLEY
STREET ADDRESS 10395 Seminole Blvd
CITY-ST-ZIP Seminole FL 33778

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SANUSIE SACCOH A-4-01 727 398 3433

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)