

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000003623**

1. Entity Name

SASA PROPERTIES, INC.**FILED****Feb 05, 2000 8:00 am**
Secretary of State

02-05-2000 90020 042 ***158.75

Principal Place of Business

Mailing Address

9741 NW 11TH STREET
PLANTATION FL 333229741 NW 11TH STREET
PLANTATION FL 33322-4843**6320 W. OAKLAND PARK BLVD**
SUNRISE, FL 33313

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

52-2210946 **APPLIED FOR**

Applied For

Not Applied

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****CROWN, NANCY E**
7251 WEST PALMETTO PARK ROAD
SUITE 200
BOCA RATON FL 33433

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. 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	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	D	<input checked="" type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Add	
	CROWN, NANCY E						
	9741 NW 11TH STREET #200						
	PLANTATION FL 33322						
	P	<input type="checkbox"/> Delete				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add	
	KHIKIANI, SHAUKET ALI						
	9741 NW 11 ST						
	PLANTATION FL 33322						
		<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add	
		<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add	
		<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Add	
		<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Add	

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:**SHAUKET ALI KHIKIANI**

Date

Daytime Phone #

2-1-2000 (954) 742-7558