

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000004048

1. Entity Name  
**SAILNDOC, INC.**

**FILED**  
**Apr 26, 2001 8:00 am**  
**Secretary of State**  
04-26-2001 90290 002 \*\*\*150.00

Principal Place of Business  
**443 BARBAROSA AVE**  
**CORAL GABLES FL 33146**

Mailing Address  
**443 BARBAROSA AVE**  
**CORAL GABLES FL 33146**

000040



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**5727 SUNSET DRIVE**  
Suite, Apt. #, etc.

3. Mailing Address  
**5727 SUNSET DRIVE**  
Suite, Apt. #, etc.

City & State  
**MIAMI, FLORIDA**  
Zip  
**33143**  
Country  
**DADE**

City & State  
**MIAMI, FLORIDA**  
Zip  
**33143**  
Country  
**DADE**

4. FEI Number **65-0826514**  
Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

## 6. Name and Address of Current Registered Agent

**KRINGOLD, STEVEN L**  
**443 BARBAROSA AVE**  
**CORAL GABLES FL 33146**

## 7. Name and Address of New Registered Agent

Name  
**DR. STEVEN KRINGOLD**  
Street Address (P.O. Box Number is Not Acceptable)  
**5727 SUNSET DRIVE**  
City  
**MIAMI** FL Zip Code  
**33143**

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 **Dr. Steven Kringold** **DR. STEVEN KRINGOLD** **4/19/01**  
Signature, typed or printed name of registered agent and date 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>KRINGOLD, STEVEN</b> <b>443 BARBAROSSA AVE</b> <b>MIAMI FL 33146</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>KRINGOLD, KAREN</b> <b>443 BARBAROSSA AVE</b> <b>MIAMI FL 33146</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>MARY POWELL</b> <b>6254 SOUTH DIXIE HIGHWAY</b> <b>MIAMI, FLORIDA 33143</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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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 number and name.

SIGNATURE: **Dr. Steven Kringold** **4/19/01** **305-666-0050**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)