

2002 UNIFORM BUSINESS REPORT (UBR)

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

04-22-2002 90252 043 ***150.00

DOCUMENT # P98000010502

1. Entity Name
FRANK SASSON, P.A.

Principal Place of Business
DUPONT PLAZA CENTER, STE 12 D
200 BISCAYNE BLVD WAY
MIAMI FL 33131

Mailing Address
DUPONT PLAZA CENTER, STE 12 D
200 BISCAYNE BLVD WAY
MIAMI FL 33131

2. Principal Place of Business
3301 N.E. 5th Avenue

3. Mailing Address
3301 N.E. 5th Ave #1017

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Apt. 1017

Miami, FL. 33137-4027

City & State
Miami, Florida

City & State

4. FEI Number **65-0813982**

Applied For

Not Applicable

Zip
33137-4027

Country
Miami-Dade

Zip

Country
Miami-Dade

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

SASSON, FRANK
DUPONT PLAZA CENTER, STE 12 D
200 BISCAYNE BLVD WAY
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

Frank Sasson

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

3301 N.E. 5th Avenue

Apt. 1017

City

Miami

FL

Zip Code

33137-4027

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

04/12/2002

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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
D
SASSON, FRANK
200 BISCAYNE BLVD WAY, STE 12D
MIAMI FL 33131 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
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 CITY-ST-ZIP ☐ Delete

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 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-12-2002

Date

(305) 573-1833

Daytime Phone #

CR2E034 (9/01)