FILED Sep 03, 2003 8:00 am Secretary of State

8/21

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000010502  1. Entity Name FRANK SASSON, P.A.							08-21-2003 90108 027 ***550.00			
Principal Place of Business Mailing Address 3301 NE 5TH AVENUE 3301 NE 5TH AVENUE					<u>. I </u>	7		5505	5636	
APT 1017 . APT 1017							•			
MAMI FL 331	37-4027		MIAMI FL 33137-4027							
2. Principal P	lace of Busin	less	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.				CHECK HERE IF MAK			
City & State			City & State		<u> </u>	65-0813982		Applied For Not Applicable		
Zip	Zip Country		Zip	Cour	ntry ,	5. Certificate of Status Desired		\$8.75 Additional Fee Required		
8, Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent										
SASSON	FRANK									
Street Address (P.O. Box Number is Not Acceptable)										
APT 1017										
MIAMI FL	7 .			City			Zip Co	de		
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. I am familiar with, and accept the obligations of registered agent										
SIGNATURE  Signature, typed or printed name of register/or percent of title if applicable. INDTE: Registered Agent signeture required when reinstating)  DATE										
FILE NOW!!! FEE IS \$560.00 Selection Campaign Financing \$5.00 March										
		, 2003 Fee will be \$750. Florida Department of		J			Trust Fund Contribution.		d to Fees	
10.		OFFICERS AND		11.			ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	3S IN 11	
TITLE	D		☐ Delete	nη	E		<u></u>	☐ Change		
NAME CTREET ADDRESS	SASSON,		400	NAN	- 1				4	
	MIAMI FL	NYNE BLVD WAY, STE 33131			EET ADORESS (-ST-ZIP				CH2E 034	
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NAME			,	NAM	I					
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CITY-ST-ZIP					-ST-ZIP		•		j	
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NAME				NAMI	i			C) cimings	C - words)	
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CITY-ST-ZIP	artifu that the	information manifest whe	bio filing data are seed f		-ST-ZIP		440.07/20/3 [532-0	a a sala . Sa a sa a sa a s	-4	
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.										
SIGNATURE: SIGNATURE REQUIRED AND 08/28/03										
BIGNATURE AND TYPED OR PRINTED NAME OF SKONING OFFICER OR DIRECTOR										

SASSON, FRANK