

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 31, 2003 8:00 am**  
**Secretary of State**

03-31-2003 90216 030 \*\*\*150.00

0096778 AV

**DOCUMENT # P98000029226**

1. Entity Name  
**SAVA HOLDINGS, INC.**



Principal Place of Business  
**2804 ST. JOHNS BLUFF ROAD SOUTH  
JACKSONVILLE FL 32246**

Mailing Address  
**2804 ST. JOHNS BLUFF ROAD SOUTH  
JACKSONVILLE FL 32246**

2. Principal Place of Business

**2683 ST. JOHNS BLUFF RD. S.**

3. Mailing Address

**2683 ST. JOHNS BLUFF RD. S.**

Suite, Apt. #, etc.

**155**

Suite, Apt. #, etc.

**155**

City & State

**JACKSONVILLE FL**

City & State

**JACKSONVILLE FL**

Zip

**32246**

Country

**FL**

Zip

**32246**

Country

**FL**

4. FEI Number

**59-3507974**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**BARTLETT, BARON L  
50 NORTH A1A STE. 103  
PONTE VEDRA BEACH FL 32082**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MANSOURI, SAFA M</b>	
STREET ADDRESS	<b>11000 BEACH BLVD.</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32246</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MANSOURI, VAFA C</b>	
STREET ADDRESS	<b>11000 BEACH BLVD.</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32246</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MANSOURI, SAFA</b>	
STREET ADDRESS	<b>85 NICOLE LN.</b>	
CITY-ST-ZIP	<b>ATLANTIC BEACH, FL 32233</b>	
TITLE	<b>VICE PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MANSOURI, VAFA</b>	
STREET ADDRESS	<b>14402 PELICAN BAY CT.</b>	
CITY-ST-ZIP	<b>JACKSONVILLE, FL 32224</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Safa M. Mansouri**

**3/27/03**

Date

**904-642-2603**

Daytime Phone #

CR2E034 (10/02)