

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2003 8:00 am
Secretary of State

02-25-2003 90145 030 ***150.00

DOCUMENT # P98000030086

1. Entity Name

SAMMATSAR DEVELOPMENT CORP.



Principal Place of Business

**130 SW 1ST AVENUE
DANIA FL 33004
US**

Mailing Address

**130 SW 1ST AVENUE
DANIA FL 33004
US**

2. Principal Place of Business

PO BOX 266166
Suite, Apt. #, etc.

3. Mailing Address

PO BOX 266166
Suite, Apt. #, etc.

City & State

WESTON FL

City & State

WESTON FL

Zip

33326

Country

USA

Zip

33326

Country

USA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-0926349

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**SALAMON, DIANE
130 SW 1ST AVENUE
DANIA FL 33004**

7. Name and Address of New Registered Agent

Name **ROBERT BRIZEL**
Street Address (P.O. Box Number (Not Acceptable))
1021 JES DAIRY ROAD
SUITE 220
City **MIAMI** FL Zip Code **33179**

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

2/13/03

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 **PD** ☐ Delete

NAME **SALAMON, ROBERT**
STREET ADDRESS **130 SW 1ST AVENUE**
CITY-ST-ZIP **DANIA FL 33004**

TITLE **STD** ☐ Delete

NAME **SALAMON, DIANE**
STREET ADDRESS **130 SW 1ST AVENUE**
CITY-ST-ZIP **DANIA FL 33004**

TITLE **DV** ☐ Delete

NAME **SALAMON, AARON**
STREET ADDRESS **130 SW 1ST AVENUE**
CITY-ST-ZIP **DANIA FL 33004**

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition

NAME **ROBERT SALAMON**
STREET ADDRESS **17530 SW 68 CT**
CITY-ST-ZIP **SOUTHWEST RANCHES, FL 33331**

TITLE **STD** ☒ Change ☐ Addition

NAME **DIANE SALAMON**
STREET ADDRESS **17530 SW 68 CT**
CITY-ST-ZIP **SOUTHWEST RANCHES, FL 33331**

TITLE **DV** ☒ Change ☐ Addition

NAME **AARON SALAMON**
STREET ADDRESS **2751 S OCEAN DR #602N**
CITY-ST-ZIP **HOLLYWOOD, FL 33019**

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

CR2E034 (10/02)

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

2/13/03 9544342154

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #