

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 17, 1999 8:00 am**  
**Secretary of State**

05-17-1999 90037 034 \*\*\*150.00

DOCUMENT # P98000039784 ✓

1. Corporation Name

SAZ, INC.

Principal Place of Business

1650 NE 135 ST.

#404

NORTH MIAMI, FL 33181

Mailing Address

1650 NE 135 ST.

#404

NORTH MIAMI, FL 33181

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

4-30-98

4. FEI Number

65-0829733

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

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

8. This corporation owes the current year intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 4470 FOXTAIL LANE

Suite, Apt. #, etc.

22

City & State

23 WESTON, FLORIDA

Zip

24 33331

Country

25 USA

2a. Mailing Address

26 4470 FOXTAIL LANE

Suite, Apt. #, etc.

27

City & State

28 WESTON, FLORIDA

Zip

29 33331

Country

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HAMIDULLAH H. PARSTANI

1650 NE 135 STREET

#404

NORTH MIAMI, FL 33181

81 Name

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

4470 FOXTAIL LANE

83

84 City

WESTON

FL

85 Zip Code

33331

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE

NAME HAMIDULLAH H. PARSTANI

STREET ADDRESS 1650 NE 135 STREET #404

CITY-ST-ZIP NORTH MIAMI, FL 33181

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒ Change ☐ Addition

4470 FOXTAIL LANE

WESTON, FLORIDA 33331

☐ Change ☐ Addition

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14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/99

Date

(954) 894-4922

Daytime Phone #

CR2E034 (1/98)