

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000039784

1. Entity Name  
SAZ, INC.

**FILED**  
**Sep 14, 2000 8:00 am**  
**Secretary of State**

09-14-2000 90017 011 \*\*\*550.00

Principal Place of Business  
4470 FOXTAIL LANE  
FORT LAUDERDALE FL 33331

Mailing Address  
4470 FOXTAIL LANE  
FORT LAUDERDALE FL 33331



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
11830 N.W. 10th Ave

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
Miami Florida.

Zip  
33168

Country  
U.S.

City & State

4. FEI Number 65-0829733

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PARBTANI, HAMIDULLAH H  
4470 FOXTAIL LANE  
FORT LAUDERDALE FL 33331

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D  
PARBTANI, HAMIDULLAH H  
4470 FOXTAIL LANE  
FORT LAUDERDALE FL 33331

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

P/D/T  
PARBTANI, HAMIDULLAH H.  
4470 Foxtail Lane  
W25th FL. 33331

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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☐ 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 REQUIRED~~ (HAMIDULLAH PARBTANI)

9/11/00 (305) 769-0570

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #