

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000044563

1. Entity Name  
SANCTISSIMA, INC.

**FILED**  
**Apr 27, 2001 8:00 am**  
**Secretary of State**

04-27-2001 90298 025 \*\*\*150.00

Principal Place of Business

7433 ALLYSON STREET  
PORT RICHEY FL 34668

Mailing Address

PO BOX 549  
NEW PORT RICHEY FL 34656

645376



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

7433 ALLYSON ST  
Suite, Apt. #, etc.

PO Box 549  
Suite, Apt. #, etc.

City & State

PORT RICHEY FL

City & State

NEW PORT RICHEY FL

4. FEI Number

59-3630523

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

KHURANA, AJIT  
4937 GALLEON COURT  
NEW PORT RICHEY FL 34652

7. Name and Address of New Registered Agent

Name

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

City

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 re-appointing)

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 \$150.00  
After MAY 1, 2001 Fee will be \$550.00  
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

TITLE D ☐ Delete  
NAME LALIBERTE, STEPHEN P  
STREET ADDRESS 4937 GALLEON COURT  
CITY- ST- ZIP NEW PORT RICHEY FL 34652

TITLE D ☐ Delete  
NAME KHURANA, AJIT  
STREET ADDRESS 4937 GALLEON COURT  
CITY- ST- ZIP NEW PORT RICHEY FL 34652

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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NAME  
STREET ADDRESS  
CITY- ST- ZIP

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

AJIT KHURANA  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/9/2001  
Date

727 514 1188  
Daytime Phone #

CR2E034 (10/00)