

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90483 028 \*\*\*150.00

**DOCUMENT # P98000044563**

1. Entity Name  
**SANCTISSIMA, INC.**

Principal Place of Business

**7433 ALLYSON ST  
 PORT RICHEY FL 34668**

Mailing Address

**PO BOX 549  
 NEW ORT RICHEY FL 34656**

2. Principal Place of Business

**7433 ALLYSON ST**

Suite, Apt. #, etc.

3. Mailing Address

**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

Zip

**34668**

Country

**USA**

Zip

**34656**

Country

**USA**

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 **AJIT KHURANA**

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

**7433 ALLYSON ST**

City

**PORT RICHEY**

FL

Zip Code

**34668**

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

*Ajit Khurana*

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 \$150.00  
 After May 1, 2002 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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>LALIBERTE, STEPHEN P</b>	
STREET ADDRESS	<b>4937 GALLEON COURT</b>	
CITY-ST-ZIP	<b>NEW PORT RICHEY FL 34652</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>KHURANA, AJIT</b>	
STREET ADDRESS	<b>4937 GALLEON COURT</b>	
CITY-ST-ZIP	<b>NEW PORT RICHEY FL 34652</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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**APR 30, 2002**

Date

**727 819 2606**

Daytime Phone #

CR2E034 (9/01)