2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)				FILED Sep 05, 2003 8:00 am Secretary of State		
1. Entity Nam		00044563		09-05-2003 90109 018 **		
Principal Place of Business 7433 ALLYSON STREET 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 7433 ALLYSON ST Suite, Apt. #, etc.			-yson St	CHECK HERE IF MAKING CHANGES		
City & Stat	RICH EY	PORT RICHE		4. FEI Number 59-3630523	Applied For Not Applicable	
3466	6. Name and Address of Currer	Zip 34668	Country		8.75 Additional	
	o. Hallo Ena reactood of Carlo.	it tiogistorou regent	Name	Traine and president of their fragience rige		
KHURANA, AJIT 7433 ALLYSON STREEJ PORT RICHEY FL 34668			Street Address	ddress (P.O. Box Number is Not Acceptable)		
			City	FL Zip Coae		
	named entity subthits this statement clons of registered agent. Signallys, typed or printed name of registered age	o	gistered office or register		or, o3	
FUZ NOW!!! FEE IS \$550.00 After September 10, 2003 Fee will be \$750.00 Make Check Payable to Fleida Department of State			9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees		
10.	OFFICERS AN	D DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DI	RECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LALIBERTE, STEPHEN P 7433 ALLYSON STREET PORT RICHEY FL 34668	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition	
TITLE NAME STREET ADDRESS	D Khurana, ajit 7433 allyson street	☐ Delete	TITLE NAME STREET ADORESS		Change Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS	PORT RICHEY FL 34668	Delete Delete	TITLE: NAME STREET ADDRESS		Change Addition	
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CITY-ST-ZIP TITLE NAME STREET ADDRESS	v	☐ Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS		Change Addition	
12. hereby c	pertify that the information supplied wi	th this filing does not qualify for th	CITY-ST-ZIP ne exemption stated in Se	ection 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.

attachment

SANCTISSIMA, INC.

7433 ALLYSON ST. PORT RICHEY, FL 34668 PH: 727 647 9147

SEPTEMBER 1, 2003

FLORIDA DEPARTMENT OF STATE **DIVISION OF CORPORATIONS** P.O. BOX 1500 **TALLAHASSEE, FL 32302-1500**

TO WHOM IT MAY CONCERN:

THIS REPORT WAS NOT PREVIOUSLY RECEIVED BY US, AT SANCTISSIMA, INC. WE CALLED THE DIVISION OF CORPORATIONS AND WAS NOTIFIED TO WRITE THIS LETTER SO AS TO ASK FOR A WAIVER OF THE FOUR HUNDRED DOLLARS (\$400.00) PENALTY FEE, SINCE IT WAS NOT DUE TO OUR NEGLECT. ENCLOSED YOU WILL FIND THE ORIGINAL COST OF ONE HUNDRED AND FIFTY DOLLARS (\$150.00), FOR THE CORPORATION. PLEASE KEEP US INFORMED OF YOUR DECISION ON THIS MATTER. WE THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION TO THIS MATTER.

SINCERELY

AJIT KHURANA, PRESIDENT

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