

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2002 8:00 am
Secretary of State

04-10-2002 90023 006 ***150.00

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 SP

DOCUMENT # P98000075228

1. Entity Name
SARA-PK, INC.

Principal Place of Business
**911 NORTH ORLANDO AVENUE
 WINTER PARK FL 32789**

Mailing Address
**990 BURIWOK CT
 LONGWOOD FL 32750**

2. Principal Place of Business

3. Mailing Address

114 W 2nd St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
SANFORD Fla.

4. FEI Number

59-3529933

Applied For

Not Applicable

Zip

Country

Zip

Country

32771

U.S.A

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

**AHMED, AROOJ
 549 TALL OAK TERRACE
 LONGWOOD FL 32750**

Name
RAMI YOSEFIAN

Street Address (P.O. Box Number is Not Acceptable)
5520 WILSON RD.

City
SANFORD

FL

Zip Code
32771

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

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

RAMI YOSEFIAN

OWNER

3-29-02

(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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**DP
 AHMED, AROOJ
 549 TALL OAKS TERRACE
 LONGWOOD FL 32750** ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**PUSDC
 RAMI YOSEFIAN
 5520 WILSON Rd.
 SANFORD Fla. 32771** ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**SDV
 AHMED, RAFAT
 549 TALL OAKS TERRACE
 LONGWOOD FL 32750** ☒ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
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☐ Delete

TITLE
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 CITY-ST-ZIP
☐ 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:

Rami Yosefian
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RAMI YOSEFIAN

3-29-02

Date

Daytime Phone #

1-87-217-6828

CR2E034 (9/01)