

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 22, 2001 8:00 am
Secretary of State

05-22-2001 90033 035 ***150.00

DOCUMENT # P980000088792 ✓

1. Entity Name

Sasson 1608, Inc.

Principal Place of Business

Mailing Address

2. Principal Place of Business

407 Lincoln Rd

3. Mailing Address

720 NE 64th St

Suite Apt. #, etc.

2A

Suite Apt. #, etc.

19N

City & State

Miami Beach Florida

City & State

Miami Florida

Zip

33139

Country

USA

Zip

33138

Country

USA

4. FEI Number

05-1016295

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

Stratton, Douglas D. Esq.
407 Lincoln Rd
Suite 2A
Miami Beach FL 33139

Name

Timothy M. Hogle

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

720 NE 64th Street

Suite 19N

City

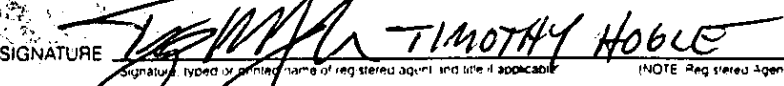
Miami

FL

Zip Code

33138

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  TIMOTHY HOGLE

4/28/01

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

(NOTE: Registered Agent signature required when re-registering)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D.	☐ Delete
NAME	Stratton, Douglas D.	
STREET ADDRESS	407 Lincoln Rd Suite 2A	
CITY-ST-ZIP	Miami Beach FL 33139	
TITLE	D.	☐ Delete
NAME	Hogle, Timothy M.	
STREET ADDRESS	720 NE 64th St 19N	
CITY-ST-ZIP	Miami Florida 33138	
TITLE	V	☐ Delete
NAME	Ehrlich, Peter R.	
STREET ADDRESS	770 NE 64th St	
CITY-ST-ZIP	Miami Florida 33138	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ 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:  TIM HOGLE

4/28/01 305 751 8252

(Signature and typed or printed name of signing officer or director)

Date

Daytime Phone #

CR2E034 (11/00)