2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State
05-22-2001 90033 035 ***150.00

DOCUMENT # P98000088792

1. Entity Name
Sasson 1608, Inc.

Principal Place of Business	Mailing Address

659716

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
407 Lincoln Rd	720 NE 69th St
Suite (Apt. #, etc.) 2A	Suite (Apt. #, etc.) 19N
City & State: Miami Bch Florida	City & State: Miami Florida
Zip: 33139 Country: USA	Zip: 33138 Country: USA

4. FEI Number: 65-1016295 ☐ 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 Bch FL 33139	Name: Timothy M. Hogle Street Address (P.O. Box Number is Not Acceptable): 720 NE 69th 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 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, 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D. Stratton, Douglas D. 407 Lincoln Rd Suite 2a Miami Beach FL 33139 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Hogle, Timothy M. 720 NE 69th St 19N Miami Florida 33138 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V Ehrlich, Peter R. 770 NE 69th St Miami Florida 33138 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (11/00)

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 #