

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000002141

1. Entity Name  
SAS ADVISORS, INC.

Principal Place of Business  
12901 SW 15 COURT  
#V-201  
PEMBROKE PINES FL 33027

Mailing Address  
12901 SW 15 COURT  
#V-201  
PEMBROKE PINES FL 33027

2. Principal Place of Business

3. Mailing Address  
2540 MASSACHUSETTS AVE, NW

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
#207

City & State

City & State  
WASHINGTON, DC

Zip

Zip  
20008

Country  
USA

4. FEI Number  
65-0888352

Applied For  
Not Applicable

5. Certificate of Status Desired  
 \$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

ALGER, STEPHEN A  
66 W FLAGLER STREET  
SUITE 700  
MIAMI FL 33130

Name

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

City

FL Zip Code

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

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

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D  
NAME ASHMAN, SHARI G  
STREET ADDRESS 12901 SW 15 COURT #V-201  
CITY-ST-ZIP PEMBROKE PINES FL 33027

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

2540 MASSACHUSETTS AVE, N.W. #207  
WASHINGTON, DC 20008

Change  Addition

TITLE D  
NAME ASHMAN, STEPHEN  
STREET ADDRESS 12901 SW 15 COURT #V-201  
CITY-ST-ZIP PEMBROKE PINES FL 33027

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

2540 MASSACHUSETTS AVE, N.W. #207  
WASHINGTON, DC 20008

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
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CITY-ST-ZIP

Delete

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CITY-ST-ZIP

Change  Addition

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CITY-ST-ZIP

Delete

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STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED  
Feb 11, 2002 8:00 am  
Secretary of State

02-11-2002 90159 048 \*\*\*150.00

404353



DO NOT WRITE IN THIS SPACE

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154510  
AV

CR2E034 (9/01)

1/21/02 (202) 387-8332  
Date Daytime Phone #