

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91517 016 ***150.00

DOCUMENT # **P99000023458**

1. Entity Name:

SAKI INVESTMENT COMPANY

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

13014 N. DALE MABRY HWY

3. Mailing Address

SAME

Suite, Apt. #, etc.

SUITE 356

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

TAMPA, FL

City & State

4. FEI Number

59-3567317

Applied For

Not Applicable

Zip

33618

Country

US

Zip

Country

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Kim M. SCHWENCKE

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

13014 N. DALE MABRY, STE 356

City

TAMPA

FL

Zip Code

33618

8. This above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in this State of Florida.

NOTARIAL

Sign the typed or printed name of registered agent, and date of approval

NOTE: Registered agent signature required when renouncing

Date

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☐ (See caption on back)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

1. **OP**
Kim M. SCHWENCKE
13014 N. DALE MABRY, STE 356
TAMPA, FL 33618

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

2. **OP**
RAPPAPORT, A. G.
13014 N. DALE MABRY, STE 356
TAMPA, FL 33618

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

3. **DO NOT WRITE IN THIS SPACE**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

4. **DO NOT WRITE IN THIS SPACE**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

5. **DO NOT WRITE IN THIS SPACE**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

6. **DO NOT WRITE IN THIS SPACE**

TITLE

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)(a), 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 registered agent, 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 registered agent, and that my signature appears in Block 11 on an attachment with an address, with a signature, and is empowered.

SIGNATURE:

[Signature]

Kim M. SCHWENCKE

4/17/02

813-269-0899

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

20,000 Phone

CR20034B (12/01)