

05-01-2002 91517 016 \*\*\*150.00

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

DOCUMENT # **P99000023458**  
 1. Entity Name:  
**SAKI INVESTMENT COMPANY**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <b>13014 N. DALE MABRY HWY</b>		3. Mailing Address <b>SAME</b>	
Suite, Apt. #, etc. <b>SUITE 356</b>		Suite, Apt. #, etc.	
City & State <b>TAMPA, FL</b>		City & State	
Zip <b>33618</b>	Country <b>us</b>	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-3567317</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent		
Name <b>Kim M. SCHWENCKE</b>		
Street Address (If O. Box Number is Not Acceptable) <b>13014 N. DALE MABRY, STE 356</b>		
City <b>TAMPA</b>	FL	Zip Code <b>33618</b>

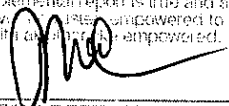
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SP: N/A (Typed or Printed Name of Registered Agent, if applicable) \_\_\_\_\_ (NOTE: Registered Agent signature required when remaining) \_\_\_\_\_

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>January 1 - May 1 Fee is \$150.00</b> <b>After May 1, Fee is \$550.00</b> <b>Amended UBR is \$61.25</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
111	<b>OP</b> <b>Kim M. SCHWENCKE</b> <b>13014 N. DALE MABRY, STE 356</b> <b>TAMPA, FL 33618</b>	TITLE NAME STREET ADDRESS CITY, ST, ZIP	
112	<b>OP</b> <b>RAPPAPORT, A. G.</b> <b>13014 N. DALE MABRY, STE 356</b> <b>TAMPA, FL 33618</b>	TITLE NAME STREET ADDRESS CITY, ST, ZIP	
113		TITLE NAME STREET ADDRESS CITY, ST, ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
114		TITLE NAME STREET ADDRESS CITY, ST, ZIP	
115		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 receiver, and am empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 11 or on an attachment with an address, with authority, if empowered.

SIGNATURE:  **Kim M. SCHWENCKE** 4/17/02 813-269-0899

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)