

2000 UNIFORM BUSINESS REPORT (UBR)

5/30/

FILED

Jun 29, 2000 8:00 am
Secretary of State

05-30-2000 90002 004 ***150.00

DOCUMENT # P99000053081

1. Entity Name

SAVAGE INDUSTRIES, INC.

R

Principal Place of Business

Mailing Address

C/O SBAS
7777 N. DAVIE ROAD EXTENSION, SUITE 102B
HOLLYWOOD FL 33024

C/O SBAS
7777 N. DAVIE ROAD EXTENSION, SUITE 102B
HOLLYWOOD FL 33024-2523

2. Principal Place of Business

3. Mailing Address

995 SE 12 STREET

Suite, Apt. #, etc.

City & State

City & State

MIAMI FL

Zip

Country

33010

Country

USA

4. FEI Number

Applied For

Not Applicable

05-0936847

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

CHEDIAK, MARTA
7777 N. DAVIE ROAD EXT.
SUITE 102B
HOLLYWOOD FL 33024

Name

LEE O. SAVAGE

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

2560 SW 107 AVE

City

DAVIE

FL

Zip Code

33324

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]

(NOTE: Registered Agent signature required when reinstating)

DATE

5-1-00

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, 2000 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 ☐ Delete
NAME **D SAVAGE, LEE O**
STREET ADDRESS **7777 N. DAVIE RD. EXT. 102B**
CITY-ST-ZIP **HOLLYWOOD FL 33324**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-00

Date

305-888 3455

Daytime Phone #

C-42E034 (9/99)