

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000068899

1. Entity Name

SAM INTERNATIONAL INC.

FILED
Apr 03, 2001 8:00 am
Secretary of State

04-03-2001 90075 044 ***150.00

Principal Place of Business

1200 OLD DIXIE HWY., STE. 5
LAKE PARK FL 33403

Mailing Address

1200 OLD DIXIE HWY., STE. 5
LAKE PARK FL 33403

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0938324

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

SANDERS, SHELIA
125 INLET WAY #4
PALM BEACH SHORES FL 33404

7. Name and Address of New Registered Agent

Name SHELIA SANDERS
Street Address (P.O. Box Number is Not Acceptable)
1200 OLD DIXIE HWY
Suite # 5
City LAKE PARK FL 33403

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]
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

SHELIA SANDERS 3/20/01

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

TITLE VP ☐ Delete
NAME HANKINS, RON
STREET ADDRESS 125 INLET WAY #4
CITY-ST-ZIP PALM BEACH SHORES FL 33404

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RONALD LEE HANKINS 3/20/01
Date Daytime Phone #

0282700

CR2E034 (10/00)