

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State
 05-20-2002 90117 004 ***158.75

U242390
 AV

DOCUMENT # P99000081190
 1. Entity Name
SANAL CONSULTING, INC.

Principal Place of Business Mailing Address
9181 WEST BAY HARBOR DR.. STE.6 **9181 WEST BAY HARBOR DR.. STE.6**
BAY HARBOR ISLANDS FL 33154 **BAY HARBOR ISLANDS FL 33154**



2. Principal Place of Business 3. Mailing Address
1050 93rd. Street **1050 93rd. Street**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
2A **2A**
 City & State City & State
BAY Harbor Islands **BAY Harbor Islands**
 Zip Country Zip Country
33154 **33154** **33154**

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0947415** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
SANAL, AZIZ
9181 W BAY HARBOR DR # 6
BAY HARBOR ISLANDS FL 33154

7. Name and Address of New Registered Agent
 Name **SANAL, Aziz**
 Street Address (P.O. Box Number is Not Acceptable)
1050 93rd. Street Apt. 2A
 City **BAY HARBOR ISLANDS FL** Zip Code **33154**

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 | PSTD <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SANAL, AZIZ R | NAME | |
| STREET ADDRESS | 9181 WEST BAY HARBOR DR.. STE.6 | STREET ADDRESS | |
| CITY-ST-ZIP | BAY HARBOR ISLANDS FL 33154 | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
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| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | 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: SANAL, AZIZ 4/27/02 (305) 868-4504
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)