

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90099 043 ***150.00

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DOCUMENT # P99000084229

1. Entity Name
SARIEL, INC.

Principal Place of Business
5140-1 SABLE GRDNS LANE
BOCA RATON FL 33487-4823

Mailing Address
5140-1 SABLE GRDNS LANE
BOCA RATON FL 33487-4823



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0959440**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

HOWARD, VICTORIA M
5140-1 SABAL GRDNS LANE
BOCA RATON FL 33487-4823

Name

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

City

FL

Zip Code

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
HOWARD, VICTORIA M
5140-1 SABAL GRDNS LANE
BOCA RATON FL 33487-4823 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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:

VICTORIA M HOWARD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/02 505
999-0292
Date Daytime Phone #

CR2E034 (9/01)

AAT

Attachment

ARIE A. TAYKAN & COMPANY

CERTIFIED PUBLIC ACCOUNTANTS

7880 N. UNIVERSITY DRIVE #201

TAMARAC, FLORIDA 33321

TEL: (954) 722-9250

FAX: (954) 726-6715

email: taykan@aol.com

March 21, 2002

Dear Client:

2002 UNIFORM BUSINESS REPORT

Enclosed please find 2002 Uniform Business Report form.

Please sign and date the form where indicated and make your company check payable to **Department of State** in the amount of **\$150.00** and mail in the enclosed envelope **upon receipt**.

After May 1, 2002 the filing fee will increase to \$550.00.

If you have any questions, please call our office.

Arie A. Taykan, CPA