

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2002 8:00 am
Secretary of State
 05-05-2002 90021 028 ***150.00

DOCUMENT # P99000086866

1. Entity Name
909 HAMPTONS INC.

Principal Place of Business
**20281 E. COUNTY CLUB DR.
 MIAMI FL 33180**

Mailing Address
**1054 KANE CONCOURSE
 BAY HARBOR ISLANDS FL 33154**

2. Principal Place of Business

Law Offices of Sally N. Sawh
 Suite, Apt. #, etc.
1054 Kane Concourse

3. Mailing Address

Suite, Apt. #, etc.
 City & State
Bay Harbor Fla

City & State
Bay Harbor Fla

Zip
33154

Country

Zip

Country

4. FEI Number
65-1011585

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**SAWH, SALLY N
 1054 KANE CONCOURSE
 BAY HARBOR ISLANDS FL 33154**

7. Name and Address of New Registered Agent

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

TITLE
P
 NAME
GERSTENLABER, LILY
 STREET ADDRESS
20281 E COUNTRY CLUB DRIVE
 CITY-ST-ZIP
MIAMI FL 33180

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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 CITY-ST-ZIP

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☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-24-02

Date

305-865 1724

Daytime Phone #

CR2E034 (9/01)