

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000100457

1. Entity Name

SAFARI FOOD VIII CORP.

Principal Place of Business

12801 WEST SUNRISE BLVD SPACE #227
SUNRISE FL 33323

Mailing Address

12801 WEST SUNRISE BLVD SPACE #227
SUNRISE FL 33323

2. Principal Place of Business

3. Mailing Address

1455 NW 107 Ave

Suite, Apt. #, etc.

436

Suite, Apt. #, etc.

City & State

Miam FL

City & State

Zip

33172

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0965165

Applied For

Not Applicable

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

LEVINE, ALAN W ESQ
1110 BRICKELL AVENUE 7TH FLOOR
MIAMI FL 33131

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PS
NAME JONES, ROMAN
STREET ADDRESS 12801 WEST SUNRISE BLVD SPACE #227
CITY-ST-ZIP SUNRISE FL 33323 ☒ Delete

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

TITLE VT
NAME HEMMATI, SIA
STREET ADDRESS 12801 WEST SUNRISE BLVD SPACE #227
CITY-ST-ZIP SUNRISE FL 33323 ☐ Delete

TITLE President
NAME Sia Hemmati
STREET ADDRESS 12801 W. Sunrise Blvd #231
CITY-ST-ZIP Sunrise FL 33323 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-26-01 (954) 845-9400

CR2E034 (10/00)