FILED

## **2001 UNIFORM BUSINESS REPORT (UBR)**

## May 03, 2001 8:00 am DOCUMENT # P99000104401 **Secretary of State** SAS FINANCIAL SERVICES, INC. 05-03-2001 90039 002 \*\*\*150.00 Principal Place of Business Mailing Address 1014 GREEN PINE BOULEVARD 1014 GREEN PINE BOULEVARD LINIT H-1 LINIT H-1 WEST PALM BEACH FL 33409 WEST PALM BEACH FL 33409 2. Principal Place of Business 3. Mailing Address 1227 Pine Sage Cir. 1227 Pine Sage Cir. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number 65-0966704 Applied For West Palm Beach, West Palm Beach, FL Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 33409 USA 33409 Fee Required USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Steven A. Sucher SUCHER, STEVEN A Street Address (P.O. Box Number is Not Acceptable) 1014 GREEN PINE BOULEVARD UNIT H-1 1227 Pine Sage Cir. WEST PALM BEACH FL 33409 Zip Code 33409 GWest Palm Beach 8. The above named entity submits this statement for the surpose of changing in registered office or registered agent, or both, in the State of Florida. Steven A. Sucher 04/27/2001 Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12 11. CR2E034 (10/00) XXX Change Delete TITLE. SUCHER, STEVEN A NAME NAME Steven A. Sucher 1014 GREEN PINE BOULEVARD, UNIT H-1 STREET ADDRESS STREET ADDRESS 1227 Pine Sage Cir WEST PALM BEACH FL 33409 CITY-ST-ZIP CITY-ST-ZIP West Palm Beach, FL 33409 TITLE ☐ Delete TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete \_\_\_ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS COTY-ST-ZIP CITY-ST-ZIP ☐ Addition Channe TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME . NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not quality 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

signature: Steven A. Sucher Salam 04/27/01

04/27/01 561-697-0083