## **2002 UNIFORM BUSINESS REPORT (UBR)**

## S07303 DOCUMENT #

1. Entity Name \$-SAVER, INC.

2.

Principal Place of Business

22736 SLEEPY BROOK LANE

BOCA RATON FL 33428

Mailing Address

22736 SLEEPY BROOK LANE **BOCA RATON FL 33428** 

Suite	, Apt. #, etc.	Suite, Apt. #, etc.

FILED Feb 12, 2002 8:00 am Secretary of State

02-12-2002 90053 036 \*\*\*150.00



Suite	y & State			City & State				DO NOT WRITE IN THIS SPACE						
City							<b>4.</b> F	4. FEI Number 65-0229223					pplied For ot Applicable	
Zip	Country			Zip	try 5. Certificate of Status Desired				d 🗆		8.75 Additional e Required			
	Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent								
							Name .							
	DUDHURY, PIJUSH K.					Street Address (P.O. Box Number is Not Acceptable)								
	36_SLEEPY_BROOK_LANE					and the second of the second o								
-BOC/	RATON F	RATON FL 33428												
						City FL Zip Code								
8. The	above name	d entity submits this state	ment for the	purpose of changing its re	egister	ed office or re	egistered age	ent, or both,	in the State o	f Florida.				
SIGNAT	URE													
	Signatu	e, typed or printed name of register	ed agent and titl	e if applicable. (NOTE:	Registere	d Agent signature	required when re	instating)		DAT	ΓE			
Tax	s corporation is eligible to satisfy its Intangible filing requirement and elects to do so. criteria on back)  FILE NOW!!! FEE I After May 1, 2002 Fee v Make Check Payable to De					will be \$550	ill be \$550.00 Trust Fund Contribution					<b>\$5.(</b> Adde	00 May Be d to Fees	
11.		OFFICER	S AND DIRE	CTORS	12.	•	AD	DITIONS/CI	HANGES TO	OFFICERS A	D DNA	IRECTOF	RS IN 11	
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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: