

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **S21985**

1. Entity Name

SAVA SAVA, INC.

Principal Place of Business

1599 S.W. 30TH AVE
SUITE 20
BOYNTON BEACH FL 33426
US

Mailing Address

1599 S.W. 39TH AVENUE
#20
BOYNTON BEACH FL 33426
US

Address change

Address change

2. Principal Place of Business

1499 S.W. 30TH AVE

3. Mailing Address

1499 SW 30TH AVE

Suite, Apt. #, etc.

SUITE # 11

Suite, Apt. #, etc.

SUITE # 11

City & State

BOYNTON BEACH, FL

City & State

BOYNTON BEACH, FL

Zip

FL 33426

Country

FL 33426 - PALM BEACH

Zip

33426

Country

USA

6. Name and Address of Current Registered Agent

**SKORY, GREGORY A.
2710 S.W. 23RD CRANBROOK DRIVE
BOYNTON BEACH FL 33483**

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 **STD** ☐ Delete
NAME **SKORY, GREGORY A**
STREET ADDRESS **2710 S.W. 23RD CRANBROOK DR.**
CITY-ST-ZIP **BOYTON BEACH FL**

TITLE **PD** ☐ Delete
NAME **SOOD, SANJAY S**
STREET ADDRESS **2710 S.W. 23RD CRANBROOK DR.**
CITY-ST-ZIP **BOYTON BEACH FL**

TITLE **D** ☐ Delete
NAME **GULATI, MANJU**
STREET ADDRESS **10716 SANDY RUN TRAIL**
CITY-ST-ZIP **FAIRFAX VA**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP

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

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 of Gregory A. Skory
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Sep 15, 2000 8:00 am
Secretary of State

09-15-2000 90058 001 ***275.00

09-15-2000 90058 002 ***275.00



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3051348** ☐ Applied For
☐ Not Applicable

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

CR2E034 (5/00)

09/08/00 (561) 375-7800