

FILED
Jul 31, 2002 8:00 am
Secretary of State

07-31-2002 90093 037 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # S53171

1. Entity Name

SAGI INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3530 MYSTIC POINT DRIVE

Suite, Apt. #, etc.
#1215

City & State
AVENTURA, FL

Zip
33180

Country

3. Mailing Address

3530 MYSTIC POINT DRIVE

Suite, Apt. #, etc.
#1215

City & State
AVENTURA, FL

Zip
33180

Country

4. FEI Number

65-0892405

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name
ROSEN, LAWRENCE W ESQ

Street Address (P.O. Box Number is Not Acceptable)
LAWRENCE W. ROSEN P.A.

2915 AVENTURA BOULEVARD, SUITE 303

City
AVENTURA

FL

Zip Code
33180

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 if applicable, (NOTE: Registered Agent signature required when relocating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

☐

January 1 to May 1 of Fee is \$150.00
After May 1 Fee is \$550.00
Amended UBR is \$642.50
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
NAME
STREET ADDRESS
CITY - ST - ZIP
DPS
GRIMBERG, ISAAC
3530 MYSTIC POINT DR. #1215
AVENTURA, FL 33180

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

DO NOT WRITE
IN THIS SPACE

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ISAAC GRIMBERG 4/30/02

Date

Daytime Phone #

CR2E034B (12/01)

Attachment



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

July 9, 2002

SAGI INC.
3530 MYSTIC POINT DRIVE
#1215
AVENTURA, FL 33180

Subject: SAGI INC.

Reference Number: S53171

Please be advised, we have received your annual report/uniform business report; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The check submitted is not payable to this office. Please make your check payable to the Department of State.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the
Division of Corporations at (850) 488-9000.

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ANNUAL REPORTS SECTION