

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 15, 2000 8:00 am**  
**Secretary of State**

03-15-2000 90115 025 \*\*\*150.00

**DOCUMENT # V39421**  
 1. Entity Name  
**SAVOY INVESTMENT CORPORATION**

Principal Place of Business: **7783 NORTHWEST 44TH STREET, SUNRISE FL 33351**  
 Mailing Address: **7783 NORTHWEST 44TH STREET, SUNRISE FL 33351-6203**

2. Principal Place of Business: Suite, Apt. #, etc.  
 3. Mailing Address: Suite, Apt. #, etc.

City & State: \_\_\_\_\_ City & State: \_\_\_\_\_

Zip: \_\_\_\_\_ Country: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0337741** Applied For  Not Applicable

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

6. Name and Address of Current Registered Agent  
**HORN, GEORGE**  
**7783 N.W. 44TH STREET**  
**SUNRISE FL 33351**

7. Name and Address of New Registered Agent  
 Name: \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
 City: \_\_\_\_\_ State: **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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  **FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 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 NAME	<b>P</b> <b>SLAKMAN, BARBARA</b>	<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>7783 NW 44TH ST</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>SUNRISE FL</b>		CITY-ST-ZIP		
TITLE NAME	<b>V</b> <b>SILVERSTEIN, HELENE</b>	<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>7783 NW 44TH ST</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>SUNRISE FL</b>		CITY-ST-ZIP		
TITLE NAME	<b>S</b> <b>HORN, GEORGE</b>	<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>7783 NW 44TH ST</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>SUNRISE FL</b>		CITY-ST-ZIP		
TITLE NAME	<b>T</b> <b>COHEN, SHEILA</b>	<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>7783 NW 44TH ST</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>SUNRISE FL</b>		CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_

CR2E034 (9/99)