

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2002 8:00 am**  
**Secretary of State**

05-02-2002 90147 006 \*\*\*150.00

**DOCUMENT # 471461**

1. Entity Name

**S.B.M. ENTERPRISES, INC.**

Principal Place of Business

**3789 NW 46 ST  
 MIAMI FL 33142  
 US**

Mailing Address

**3789 NW 46 ST  
 MIAMI FL 33142  
 US**

2. Principal Place of Business

**4595 NW 37 CT  
 Suite, Apt. #, etc.**

3. Mailing Address

**4595 NW 37 CT  
 Suite, Apt. #, etc.**

City & State

**MIAMI FL**

City & State

**MIAMI FL**

Zip

**33142**

Country

**USA**

Zip

**33142**

Country

**USA**

4. FEI Number

**59-1866366**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**RODRIGUEZ, JOSE A  
 150 ALHAMBRA CIRCLE  
 1270  
 CORAL GABLES FL 33134**

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 \$150.00  
 After May 1, 2002 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

TITLE **VD** ☐ Delete

NAME **CICERO, ROBERT I.**  
 STREET ADDRESS **3789 NW 46TH STREET**  
 CITY-ST-ZIP **MIAMI FL 33142**

TITLE **D** ☐ Delete

NAME **CICERO, IRIS**  
 STREET ADDRESS **3789 NW 46TH STREET**  
 CITY-ST-ZIP **MIAMI FL 33142**

TITLE **PD** ☐ Delete

NAME **CICERO, MATHEW J.**  
 STREET ADDRESS **3789 NW 46 ST**  
 CITY-ST-ZIP **MIAMI FL 33142**

TITLE **ST** ☐ Delete

NAME **BENNETT, PAUL**  
 STREET ADDRESS **3789 NW 46TH STREET**  
 CITY-ST-ZIP **MIAMI FL 33142**

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

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

CR2E034 (9/01)

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: **Paul Bennett**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/17/02 305-634-5640**