

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2000 8:00 am
Secretary of State

03-28-2000 90077 046 ***150.00

DOCUMENT # 567068

1. Entity Name

S.G. & S., INC.

Principal Place of Business

Mailing Address

**10 NW 2ND ST
 MIAMI FL 33128**

**10 NW 2ND ST
 MIAMI FL 33128-1822**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1809560

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GORFINKEL, NESTOR B, ESQ
 CONCOURSE PLAZA, STE 401
 1111 KANE CONCOURSE
 BAY HARBOR ISLANDS FL 33154**

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, 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
PD	GORFINKEL, JULIUS		
	10 NW 2 ST.		
	MIAMI FL		
VD	SAPOZNIK, JOSE		
	10 NW 2ND ST		
	MIAMI FL		
SD	SANDLER, JACK	SD	RARQUEL SANDLER
	10 NW 2 ST.		10 NW 2 ST.
	MIAMI FL		MIAMI, FL.
TD	SAPOZNIK, CLARA		
	10 NW 2 ST.		
	MIAMI FL		
D	SAPOZNIK, LAZARO		
	10 NW 2ND STREET		
	MIAMI FL		
D	GORFINKEL, LEON		
	10 NW 2ND STREET		
	MIAMI FL		

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

LEON GORFINKEL
 Director

Date

Daytime Phone #

3/20/00 305.371.3309

CR2F034 (9/99)