

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90018 020 ***150.00

DOCUMENT # K98631

1. Entity Name

S.B.P. AND ASSOCIATES, INC.

Principal Place of Business

Mailing Address

PEMBROKE ROAD
 HOLLYWOOD FL 33083

~~P.O. BOX 4891~~
~~W. HOLLYWOOD FL 33063-4891~~
 5972 Pembroke Rd.
 West Hollywood FL 33083

2. Principal Place of Business

3. Mailing Address

5972 Pembroke Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
 W. Hollywood FL

4. FEI Number

65-0135703

Applied For

Not Applicable

Zip

Country

Zip
 33083

Country
 U.S.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BLUTSTEIN, GEORGE J, ESQ
 20801 BISCAYNE BLVD #303
 NORTH MIAMI BEACH FL 33180

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

TITLE	D	<input type="checkbox"/> Delete
NAME	VEHUOIT, MARINOFF	
STREET ADDRESS	18540 N BAY ROAD	
CITY-ST-ZIP	NORTH MIAMI BEACH FL	
TITLE	PSDT	<input type="checkbox"/> Delete
NAME	MARINOFF, GERALD	
STREET ADDRESS	18540 N BAY RD	
CITY-ST-ZIP	N MIAMI BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	PASKING, PAMELA D	
STREET ADDRESS	11575 S W 37TH CT	
CITY-ST-ZIP	DAVIE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	PASKINO-FLESNER, CARLA	
STREET ADDRESS	2910 OLD ORCHID RD	
CITY-ST-ZIP	DAVIE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Gerald MARINOFF
 Pres.

1/19/00

754-989-2330

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)