

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 24, 2000 8:00 am
Secretary of State

07-24-2000 90017 011 ***150.00

DOCUMENT # P98000099960

1. Entity Name
S & F DIVERSIFIED, INC.

Principal Place of Business Mailing Address
2161 S.E. HARLOW ST. **2161 S.E. HARLOW ST.**
PORT ST. LUCIE FL 34952 **PORT ST. LUCIE FL 34952**

2. Principal Place of Business 3. Mailing Address
3256 N.W. FEDERAL Suite, Apt. #, etc.
 Suite, Apt. #, etc.
 City & State City & State
JENSEN BEACH FL#
 Zip Country Zip Country
34957 **MARTIN**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
IBRAHIM, SAMEER
2161 S.E. HARLOW ST.
PORT ST. LUCIE FL 34952

4. FEI Number Applied For
65-0874225 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	DP IBRAHIM, FAROUK 955 53RD. ST.,E. BRADENTON FL 34208 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST IBRAHIM, SAMEER 2161 S.E. HARLOW ST. PORT ST. LUCIE FL 34952 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: SAMEER F IBRAHIM Date: 7-10-00 Daytime Phone #: 561-692-9468
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (5/00)

Attachment

Doc # P98000099960
0073933

TO : FLORIDA DEPARTMENT OF STATE

DIVISION of CORPORATIONS

DATE 07-10-2000

TO WHOM IT MAY CONCERN:

THIS TO INFORM YOU AT THE DIVISION OF CORPORATIONS
THAT I (S & F DIVERSIFIED) DID NOT RESEVED FIRST NOTICE OF THE
2000 UNIFORM BUSINESS REPORT. AND I FEEL THAT I SHOULD NOT
HAVE TO PAY \$550.00 US DOLLARS. THAT I SHOULD ONLY PAY THE
ORAGINAL PAYMENT OF \$150.00 US DOLLARS. SO I AM ENCLOSING
A CHECK FOR THE AMOUNT OF \$150.00 US DOLLARS .

THANK YOU..

DST. SAMEER IBRAHIM

