

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000011005

1. Entity Name

SGS PROPERTIES, INC.

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

04-19-2000 90014 013 ***150.00

Principal Place of Business

Mailing Address

521 CARRINGTON LN
WESTON FL 33326

521 CARRINGTON LN
WESTON FL 33326-3577

639388



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2414 Johnson St.

3. Mailing Address

521 Carrington Lane

Suite, Apt. #, etc.

Hollywood

Suite, Apt. #, etc.

City & State

FL

City & State

Weston, FL

4. FEI Number

65-0892894

Applied For

Not Applicable

Zip

33021

Country

USA

Zip

33326-3577

Country

USA

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

VARUGHESE, GEORGY
521 CARRINGTON LN
WESTON FL 33326

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
NAME
STREET ADDRESS
CITY-ST-ZIP

D
VARUGHESE, GEORGY
521 CARRINGTON LN
WESTON FL 33326

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

D
VARUGHESE, SHEELA
521 CARRINGTON LN
WESTON FL 33326

☐ Delete

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☐ Change ☐ 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: Georgy Varugheze

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/00 (954)284-8682

Date

Daytime Phone #