

2000 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90178 004 ***150.00

DOCUMENT # P99000018469

1. Entity Name

S & B PALM TAFT, INC.

Principal Place of Business

Mailing Address

1601 NORTH PALM AVENUE, SUITE 300
PEMBROKE PINES FL 33024**1601 NORTH PALM AVENUE, SUITE 300**
PEMBROKE PINES FL 33026-3242

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1601 North Palm Avenue**1601 North Palm Avenue**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 301**Suite 301**

City & State

City & State

Pembroke Pines, FL**Pembroke Pines, FL**

Zip

Country

Zip

Country

33026**33026**

4. FEI Number

65-0947005

Applied For

Not Applicable

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

STRAUS, ARNOLD M JR, ESQ
10081 PINES BLVD., SUITE C
PEMBROKE PINES FL 33024

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 State10. 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		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
	DVS			<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	SANTI, PETE JR	3560 NORTH 46TH AVENUE	HOLLYWOOD FL 33021						
	DP			<input type="checkbox"/> Delete		DP			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	BRAUN, DAVID F	1601 NORTH PALM AVENUE, SUITE 301	PEMBROKE PINES FL 33024			BRAUN, DAVID F	1601 North Palm Avenue, Suite 301	Pembroke Pines, FL- 33026	
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<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)(l), 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

David F. Braun**2/3/00**

Date

(954) 432-2900

Daytime Phone #

CR2E034 (9/99)