## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # 213795

1. Entity Name

S AND S REALTY & DEVELOPMENT CO., INC.

			(3.4				
7210 N.W. 58TH ST. 72 MIAMI FL 33166 M		Mailing Address 7210 N.W. 58TH ST. MIAMI FL 33166 US	7210 N.W. 58TH ST. Miami Fl 33166				
		08	03				
2. Principal Place of Business 3.		3. Mailing Address	Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		CHECK HEBE IC MA	WING CHANGE	
City & State		City & State	City & State		4. FEI Number re conserve Applied For		
7:-					59-18619127		pplied For ot Applicable
Zip	Country	Zip	Country		5. Certificate of Status Desired	\$8.75 Ac	
	6. Name and Address of Curre	nt Registered Agent			7. Name and Address of New Registe		<del></del>
<del></del>			Na	ime	The state of the s	erca Agent	
	,sanford /. 58th st.		Street Address (F		O. Box Number is Not Acceptable)	**	
MIAMI FL				-··		······································	
			Cit	·			
0 Th			1	•		FL Zip Cod	
the obliga	e named entity submits this statement itions of registered agent.	t for the purpose of changir	ng its registered offi	ice or registered	d agent, or both, in the State of Florida. I	I am familiar with,	and accept
SIGNATURE							
	Signature, typed or printed name of registered ago	ent and title if applicable.	(NOTE: Registered Agent	signature required wi	hen reinstating) D	ATE	
Afte	FILE NOW!!! FEE IS \$150.00 er May 1, 2003 Fee will be \$550.0 k Payable to Florida Départment	0 of State		,	Election Campaign Financing     Trust Fund Contribution.		0 May Be
10.	OFFICERS AN	D DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	S IN 11
TIII).E Name Street address City-St-Zip	PD SUSMAN,SANFORD 7210 N.W. 58TH ST. MIAMI FL 33166	☐ Delete	TITLE NAME STREET ADDR			☐ Change	Addition
FITLE NAME STREET ADDRESS CITY-ST-ZIP	S SUSMAN,BETTY 7210 N.W. 58TH ST. MIAMI FL 33166	□ Delete	TITLE NAME STREET ADDR CITY-ST-ZIP	HESS		☐ Change	Addition
ITLE NAME STREET ADDRESS SITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRI CITY-ST-ZIP	ESS		☐ Change	Addition
itle Iame Treet address Ity-St-Zip		☐ Delete	TITLE NAME STREET ADDRI CITY-ST-ZIP	ESS		☐ Change	Addition
ITLE AME Treet address ITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRE CITY-ST-ZIP	ess		☐ Change	Addition
TLE		☐ Delete	TITLE			☐ Change	☐ Addition

12. 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 10 or Block 11 if chapter of the corporation of the corporation or the receiver or trustee empowered.

NAME

STREET ADDRESS

CITY-ST-ZIP

**SIGNATURE:** 

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/03

305-592-3411

Daytime Phone #

**FILED** 

Jan 09, 2003 8:00 am Secretary of State

01-09-2003 90137 038 \*\*\*150.00

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