

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **285753**

1. Entity Name

SOUTHERN SPECIALTY AFG CO INC



FILED

05 JUL -5 PM 3: 50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3712 NW 71 ST.

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 470185

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI, FL 33147

City & State

MIAMI, FL

4. FEI Number

59-1060832

Applied For

Not Applicable

Zip

33147

Country

USA

Zip

33247

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

FISHBEIN SYLVIA

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

3712 NW 71 ST

City

MIAMI

FL

Zip Code

33147

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
DD	FISHBEIN, SYLVIA	3712 NW 71 ST	MIAMI, FL 33147				
VTD	FISHBEIN, LAURENCE	3712 NW 71 ST	MIAMI, FL 33147				
SD	FISHBEIN, BERYL	3712 NW 71 ST	MIAMI, FL 33147				

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)

SOUTHERN SPECIALTY MFG CO., INC.

3712 NW 71 ST., P.O. BOX 470125

MIAMI, FLORIDA 33147

305 691-5800

FAX: 305 691-0413

June 30, 2005

State of Florida
Division of Corporations
P.O.Box 6327
Tallahassee, FL 32314

RE: Corporation UBR's

Sirs,

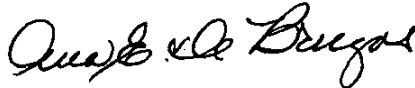
We are herewith enclosing Documents # 285753 and 172128, completed by hand since we never received the originals that are mailed to us every year.

I had requested blank forms, copy of letter attached, and asked to change our mailing address to our P.O.box. We had a lot of problems with a new mailperson in the last few months.

We are kindly requesting from you to accept our fees of \$150.00 per Company. If you check our records, you will see we always make our payments on time.

Thank you for your help.

Respectfully,



Ana E. DeBruzos
Office Manager

adb

Enclosures (5)