

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 471461

1. Entity Name
S.B.M. ENTERPRISES, INC.



FILED
May 23, 2003 8:00 am
Secretary of State

05-23-2003 90146 037 ***150.00

0246045 AV

Principal Place of Business
4595 NW 37 CT
MIAMI FL 33142
US

Mailing Address
4595 NW 37 CT
MIAMI FL 33142
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-1866366

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RODRIGUEZ, JOSE A
150 ALHAMBRA CIRCLE
1270
CORAL GABLES FL 33134

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

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VD
NAME CICERO, ROBERT I.
STREET ADDRESS 3789 NW 46TH STREET
CITY-ST-ZIP MIAMI FL 33142 ☐ Delete

TITLE
NAME
STREET ADDRESS 4595 NW 37 CT ☒ Change ☐ Addition
CITY-ST-ZIP

TITLE D
NAME CICERO, IRIS
STREET ADDRESS 3789 NW 46TH STREET
CITY-ST-ZIP MIAMI FL 33142 ☐ Delete

TITLE
NAME
STREET ADDRESS SAME AS ABOVE ☒ Change ☐ Addition
CITY-ST-ZIP

TITLE PD
NAME CICERO, MATHEW J.
STREET ADDRESS 3789 NW 46 ST
CITY-ST-ZIP MIAMI FL 33142 ☐ Delete

TITLE
NAME
STREET ADDRESS SAME AS ABOVE ☒ Change ☐ Addition
CITY-ST-ZIP

TITLE ST
NAME BENNETT, PAUL
STREET ADDRESS 3789 NW 46TH STREET
CITY-ST-ZIP MIAMI FL 33142 ☐ Delete

TITLE
NAME
STREET ADDRESS SAME AS ABOVE ☒ Change ☐ Addition
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL BENNETT TREAS. 05/20/2003 305-634-83N
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)