

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **528335**

1. Entity Name
SJG ENTERPRISES, INC.

FILED

02 OCT 29 PM 2:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1219 BLUE RD
CORAL GABLES FL 33146

Mailing Address
1219 BLUE RD
CORAL GABLES FL 33146

2. Principal Place of Business
1219 BLUE RD

3. Mailing Address
1219 BLUE RD

DO NOT WRITE IN THIS SPACE

City & State
CORAL GABLES, FL
Zip **33146** Country **USA**

City & State
CORAL GABLES, FL
Zip **33146** Country **USA**

4. FEI Number
59-1723868

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

6. Name and Address of Current Registered Agent
SOUTH FLORIDA RESIDENT AGENTS INC.
200 S. BISCAYNE BLVD.
STE. 4750
MIAMI FL 33131

7. Name and Address of New Registered Agent
Name
SOUTH FL. RESIDENT AGENTS, INC
Street Address (P.O. Box Number is Not Acceptable)
200 S. BISCAYNE BLVD.
STE 4750
City **MIAMI** FL Zip Code **33131**

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 **GARY KORNIK, ATT.**

04/28/2001

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, 2001 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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GOLDSWORTH JUDITH B. 1219 BLUE RD CORAL GABLES FL 33146	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GOLDSWORTH, SAM J. 1219 BLUE RD CORAL GABLES FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	*DID NOT REGISTER	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PREVIOUS UNIFORM BUSINESS REPORT	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	THANK YOU,	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Signature]	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	600008682636 10/29/02--01158--001 **150.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GOLDSWORTH SAMUEL J 1219 BLUE RD CORAL GABLES FL 33146	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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)(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: **JACK GOLDSWORTH**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

P 04/28/2001 305 606 9285

CR2E034 (11/00)

2/11/5/02