

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 22, 2001 8:00 am**  
**Secretary of State**

05-22-2001 90744 001 \*\*\*\*40.00  
 05-22-2001 90744 002 \*\*\*110.00

DOCUMENT # **569843**  
 1. Entity Name  
**SOUTHERN BIAS & TRIMMINGS, INC**

Principal Place of Business      Mailing Address  
**308 NW 35th AVE**      **5308 NW 35th AVE**  
**MIAMI FL 33142**      **MIAMI FL 33142**

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State  
 Zip      Country      Zip      Country

**4643**  
 DO NOT WRITE IN THIS SPACE

4. FEI Number      Applied For  
**591877395**      Not Applicable

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

6. Name and Address of Current Registered Agent  
**HIKSON MARIN POWER & DESANTOS PA**  
**16100 NW 16th AVE SUITE 8**  
**V. MIAMI BEACH FL 33162**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

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

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**

OFFICERS AND DIRECTORS	
LE P ME STREET ADDRESS Y-ST-ZIP <b>CARTWRIGHT, WINSTON J</b> <input checked="" type="checkbox"/> Delete <b>3651 Twinkle Run Blvd #837</b> <b>Coral Springs FL 33067</b>	<input type="checkbox"/> Delete
LE ME STREET ADDRESS Y-ST-ZIP	<input type="checkbox"/> Delete
LE ME STREET ADDRESS Y-ST-ZIP	<input type="checkbox"/> Delete
LE ME STREET ADDRESS Y-ST-ZIP	<input type="checkbox"/> Delete
LE ME STREET ADDRESS Y-ST-ZIP	<input type="checkbox"/> Delete
LE ME STREET ADDRESS Y-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>PLS</b> <b>CLINTON CARTWRIGHT</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>6705 NW 7th ST</b> <b>TAMARAC FL 33321</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 637, 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:  **CLINTON CARTWRIGHT**      **1/7/01**