

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 591021

1. Entity Name

'S UNLIMITED, INC.

Principal Place of Business

3831 WEST HALLANDALE BEACH BLVD.
WEST HOLLYWOOD FL 33023

Mailing Address

3831 WEST HALLANDALE BEACH BLVD.
WEST HOLLYWOOD FL 33023-4431

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

59-1868849

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SANCHEZ, RAMON
1350 N.E. 211TH TERR.
N. MIAMI FL 33179

7. Name and Address of New Registered Agent

Name

EDUARDO S. GONZALEZ, CPA

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

8180 N.W. 36 ST., SUITE 100

City

MIAMI

FL

Zip Code

33166

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

[Signature]

(NOTE: Registered Agent signature required when reinstating)

3/13/00

DATE

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, 2000 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	P	<input type="checkbox"/> Delete
NAME	SANCHEZ, RAMON	
STREET ADDRESS	1350 N.E. 211TH TERR.	
CITY-ST-ZIP	N. MIAMI FL	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	SANCHEZ, EVELIO	
STREET ADDRESS	1350 N.E. 211TH TERR.	
CITY-ST-ZIP	N. MIAMI FL	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	ZALDIVAR, COSME RAMON	
STREET ADDRESS	1350 N.E. 211TH TERR.	
CITY-ST-ZIP	N. MIAMI FL	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	ZALDIVAR, MAXIMO RICARDO	
STREET ADDRESS	1350 N.E. 211TH TERR.	
CITY-ST-ZIP	N. MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P/S/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANCHEZ, RAMON	
STREET ADDRESS	17485 NW 67 CT, APT L	
CITY-ST-ZIP	MIAMI, FL 33015	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/00

DATE

954-989-5111

Daytime Phone #

CR2000-034 (9/99)