

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90090 026 ***150.00

DOCUMENT # 608177

1. Entity Name

SAMBE, INC.

Principal Place of Business

Mailing Address

1420 NEPTUNE DRIVE
 BOYNTON BCH. FL 33426

1420 NEPTUNE DRIVE
 BOYNTON BCH. FL 33426-9365

2. Principal Place of Business

3. Mailing Address

131 COMMERCE RD

131 COMMERCE RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

BOYNTON BEACH FL

BOYNTON BEACH, FL 33426

Zip

Country

33426

PALM BCH

Zip

Country

33426

PALM BCH

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEVINE, DANIEL R
4000 HOLLYWOOD BLVD.
SUITE 710 N.
HOLLYWOOD FL 33021

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	☐ Delete
NAME	HOROWITZ, SAM	
STREET ADDRESS	8176 CASSIA DRIVE	
CITY-ST-ZIP	BOYNTON BCH. FL	
TITLE	VD	☐ Delete
NAME	HOROWITZ, BEATRICE	
STREET ADDRESS	8176 CASSIA DRIVE	
CITY-ST-ZIP	BOYNTON BCH. FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

Date

Daytime Phone #

2/24/00 (561) 547-6565

CR2E034 (9/99)