2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # 693725 Jan 20, 2000 8:00 am 1. Entity Name **Secretary of State** S & B SALES, INC. 01-20-2000 90237 041 ***150.00 Principal Place of Business Mailing Address 1940 NE 124TH STREET 1940 NE 124TH STREET NORTH MIAMI FL 33181-2615 NORTH MIAMI FL 33181-2615 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-2107325 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WOLLAND, FRANK, ESQ. Street Address (P.O. Box Number is Not Acceptable) 12955 BISCAYNE BLVD, STE 400 NORTH MIAMI FL 33181 Zip Code City 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. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Change ☐ Addition STD ☐ Delete TITLE SCHWARTZBAUM, CHAVIN BON NAME NAME 1940 NE 124TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NORTH MIAMI FL ☐ Change ☐ Addition ☐ Delete TITLE SCHWARTZBAUM, STEVEN NAME STREET ADDRESS 1940 NE 124TH STREET STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP NORTH MIAMI FL ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP nformation supplied with his filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information of supplemental report is true and acquirate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director feceiver 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 13. I hereby certify that the indicated on this report to of the corporation or the changed, or on an atta ent with an address, with