

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2000 8:00 am
Secretary of State
 05-03-2000 90073 016 ***150.00

DOCUMENT # F28385

1. Entity Name
S & R M C, INC.

Principal Place of Business Mailing Address
409 GOOLSBY BLVD **409 GOOLSBY BLVD**
DEERFIELD BEACH FL 33442 **DEERFIELD BEACH FL 33442-3020**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
6601 LYONS ROAD **6601 LYONS ROAD**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
E-1 **E-1**

City & State City & State
COCONUT CREEK FL. **COCONUT CREEK, FL**

Zip Country Zip Country
33073 **33073**

4. FEI Number **59-2097516** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
VOGEL, ROBERT
409 GOOLSBY BLVD.
DEERFIELD BEACH FL 33442

7. Name and Address of New Registered Agent.
 Name
 Street Address (P.O. Box Number is Not Acceptable)
6601 LYONS ROAD
SUITE E-1
 City **COCONUT CREEK** **FL** Zip Code **33073**

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. ☐ **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	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	6601 LYONS RD SUITE E-1
CITY-ST-ZIP		CITY-ST-ZIP	COCONUT CREEK FL 33073
TITLE	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	6601 LYONS RD.
CITY-ST-ZIP		CITY-ST-ZIP	COCONUT CREEK FL 33073
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 filing 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, without other like empowerment.

SIGNATURE: **Robert R. Vogel** **4/26/2000** **954-46-3311**
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)