

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90285 023 ***150.00

DOCUMENT # F98000003473

1. Entity Name

SGS AMERICAS AREA SUPPORT, INC.

Principal Place of Business

Mailing Address

42 BROADWAY
 NEW YORK NY 10004

42 BROADWAY
 NEW YORK NY 10004

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

13-4008545

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION, FL 33324

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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	YOUNG, ROGER	
STREET ADDRESS	42 BROADWAY	
CITY - ST - ZIP	NEW YORK, NY 10004	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	STEINER, HANS	
STREET ADDRESS	42 BROADWAY	
CITY - ST - ZIP	NEW YORK, NY 10004	
TITLE	V	<input type="checkbox"/> Delete
NAME	CLAUDIO, JORGE	
STREET ADDRESS	42 BROADWAY	
CITY - ST - ZIP	NEW YORK, NY 10004	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	BIREN, MELISSA	
STREET ADDRESS	9 CAMPUS DRIVE	
CITY - ST - ZIP	PARSIPPANY, NJ 07054	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	BRIDWELL, R.K.	
STREET ADDRESS	9 CAMPUS DRIVE	
CITY - ST - ZIP	PARSIPPANY, NJ 07054	
TITLE	T	<input type="checkbox"/> Delete
NAME	ENDER, PETER	
STREET ADDRESS	42 BROADWAY	
CITY - ST - ZIP	NEW YORK, NY 10004	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YIP, BERNARD	
STREET ADDRESS	42 BROADWAY	
CITY - ST - ZIP	NEW YORK, NY 10004	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUTIERREZ, LEONARDO	
STREET ADDRESS	42 BROADWAY	
CITY - ST - ZIP	NEW YORK, NY 10004	
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	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRIDWELL, R.K.	
STREET ADDRESS	291 FAIRFIELD AVENUE	
CITY - ST - ZIP	FAIRFIELD, NJ 07004	
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, upon an attachment with an address, with all other like empowered.

SIGNATURE: 

PETER ENDER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #