

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90078 013 ***150.00

0231563 AV

DOCUMENT # K60357

1. Entity Name
S & B INVESTMENTS, INC.

Principal Place of Business
6931 TULIPAN COURT
CORAL GABLES FL 33143
US

Mailing Address
21 TAHITI BEACH ISLAND BLVD.
6965 BAHIA VISTA BOULEVARD
CORAL GABLES FL 33143
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0099275

Applied For

Not Applicable

Zip

Country

Zip

Country

33143

USA

5: Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KAUFMAN, BARBARA
21 TAHITI BEACH ISLAND BLVD.
CORAL GABLES FL 33143

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. ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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 **D** ☐ Delete
NAME **KAUFMAN, BARBARA**
STREET ADDRESS **21 TAHITI BEACH ISLAND BLVD.**
CITY-ST-ZIP **CORAL GABLES FL**

TITLE ☒ Change ☐ Addition
NAME **6931 TULIPAN CT**
STREET ADDRESS **Coral Gables, FL 33143**
CITY-ST-ZIP

TITLE **ST** ☐ Delete
NAME **KAUFMAN, SEAN M.**
STREET ADDRESS **21 TAHITI BEACH ISLAND BLVD.**
CITY-ST-ZIP **CORAL GABLES FL**

TITLE ☒ Change ☐ Addition
NAME **6931 TULIPAN CT**
STREET ADDRESS **CORAL Gables, FL 33143**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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:

SEAN M KAUFMAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)