

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90126 005 \*\*\*150.00

**DOCUMENT # K83648**

1. Entity Name  
**S.B.I. INVESTMENTS, INC.**



Principal Place of Business  
**25400 SW 140 AVE.**  
**HOMESTEAD FL 33032-5433**  
**US**

Mailing Address  
**25400 SW 140 AVE.**  
**HOMESTEAD FL 33032-5433**  
**US**

2. Principal Place of Business  
**28240 SW 157 CT.**  
Suite, Apt. #, etc.

3. Mailing Address  
**28240 SW 157 COURT**  
Suite, Apt. #, etc.

City & State  
**HOMESTEAD, FL.**  
Zip  
**33033-1240**  
Country

City & State  
**HOMESTEAD, FL.**  
Zip  
**33033-1240**  
Country

4. FEI Number  
**65-0115583**

Applied For  
☐ Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES



**6. Name and Address of Current Registered Agent**

**SCIOLI, JOSEPH F., JR.**  
~~**25400 SW 140 AVE.**~~  
~~**HOMESTEAD FL 33032**~~

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**28240 SW 157 COURT**  
City  
**HOMESTEAD, FL.** Zip Code  
**33033-1240**

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. I am familiar with, and accept the obligations of registered agent.

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

(NOTE: Registered Agent signature required when reinstating)

**4/25/03**  
DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD SCIOLI, JOSEPH F JR 25400 SW 140 AVE HOMESTEAD FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT SCIOLI, JOSEPH, F, JR 25400 SW 140 AVE HOMESTEAD FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>28240 SW 157 COURT</b> <b>HOMESTEAD, FL. 33033-1240</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>28240 SW 157 COURT</b> <b>HOMESTEAD, FL. 33033-1240</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE: SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/25/03** **305-796-4115**  
Date Daytime Phone #

CR2E034 (10/02)