2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 28, 2002 8:00 am
Secretary of State
01-28-2002 90021 030 ****55.00

DOCUMENT # L01000000928

1. Entity Name
SBP FINANCIAL, L.L.C.

Principal Place of Business	Mailing Address
2201 NW CORPORATE BLVD., SUITE 103 BOCA RATON FL 33431	2201 NW CORPORATE BLVD., SUITE 103 BOCA RATON FL 33431

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
11575 S.W. 37th COURT		11575 S.W. 37th COURT	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: DAVIE, FL		City & State: DAVIE, FL.	
Zip: 33330-1701	Country: BROWARD	Zip: 33330-1701	Country: BROWARD

4. FEI Number: 65-1070376 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BEYER, STEPHEN M. 2201 NW CORPORATE BLVD., SUITE 103 BOCA RATON FL 33431	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] - STEPHEN M. BEYER. REGISTERED AGENT 1-24-02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STEPHEN B. PASKIND 11575 S.W. 37th COURT DAVIE, FL. 33330-1701	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STEPHEN M. BEYER 2201 N.W. CORPORATE BLVD. SUITE 103 BOCA RATON, FL. 33431	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E083 (9/01)

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [signature] MGRM Managing Member - STEPHEN B. PASKIND, MGRM. 1-24-02 945-472-7817
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #