1/31

FILED
Mar 12, 2002 8:00 am
Secretary of State

01-31-2002 90026 024 ****50.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #: L01000002485

1. Entity Name
SGS, LLC

277 W. END Ave. New York, NY 10023-2604

Principal Place of Business: ~~C/O MARVIN KATZ ESQ. 951 N.E. 167TH ST., STE 102 NORTH MIAMI BEACH FL 33162~~

Mailing Address: ~~C/O MARVIN KATZ ESQ. 951 N.E. 167TH ST., STE 102 NORTH MIAMI BEACH FL 33162~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
c/o SPIRA - 277 West End Ave		c/o SPIRA 277 West End Ave	
Suite, Apt. #, etc. APT 3A		Suite, Apt. #, etc. APT 3A	
City & State: New YORK, N.Y.		City & State: New YORK N.Y.	
Zip: 10023	Country: U.S.A	Zip: 10023	Country: U.S.A

4. FEI Number: 13-4161795 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

KATZ, MARVIN ESQ.
951 N.E. 167TH ST.
NORTH MIAMI BEACH FL 33162

7. Name and Address of New Registered Agent

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] DATE: 1/16/02

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	MGRM SPIRA, STEVEN 277 WEST END AVE. NEW YORK NY 10023	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM SPIRA, GALE 277 WEST END AVE. NEW YORK NY 10023	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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] Date: 1/16/02 Daytime Phone #: 212 496-1821

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE