2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2002 8:00 am
Secretary of State
01-31-2002 90026 024 ****50.00

DOCUMENT # L01000002485

1. Entity Name
SGS, LLC

(A) 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 Ae
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 13-4167795 — 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
KATZ, MARVIN ESQ. 951 N.E. 167TH ST. NORTH MIAMI BEACH FL 33162	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] 1/16/02
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	MGRM ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SPIRA, STEVEN	NAME	
STREET ADDRESS	277 WEST END AVE.	STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10023	CITY-ST-ZIP	
TITLE	MGRM ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SPIRA, GALE	NAME	
STREET ADDRESS	277 WEST END AVE.	STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10023	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 [signature] 1/16/02 212 496-1821
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (9/01)