

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # L19115**

1. Entity Name

SDA ENTERPRISES, INC.**FILED**
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90427 037 ***150.00

Principal Place of Business

**777 S FLAGLER DRIVE
WEST TOWER, 14TH FLOOR
WEST PALM BEACH FL 33401
US**

Mailing Address

**777 S FLAGLER DRIVE
WEST TOWER, 14TH FLOOR
WEST PALM BEACH FL 33401
US****CUU55042**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

777 S FLAGLER DRIVE

Suite, Apt. #, etc.

EAST TOWER, SUITE 1000

City & State

WEST PALM BEACH, FL

Zip

33401

Country

USA

3. Mailing Address

777 S FLAGLER DRIVE

Suite, Apt. #, etc.

EAST TOWER, SUITE 1000

City & State

WEST PALM BEACH, FL

Zip

33401

Country

USA

4. FEI Number

65-0155154

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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

(NOTE: Registered Agent's signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	DPT	<input type="checkbox"/> Delete
NAME	ABRAHAM, S. DANIEL	
STREET ADDRESS	777 S FLAGLER AVE, WEST TOWER 14TH FLOOR	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	DSV	<input type="checkbox"/> Delete
NAME	STEINBERG, EDWARD L	
STREET ADDRESS	777 S FLAGLER DRIVE, WEST TOWER 14TH FLOOR	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	CFO	<input checked="" type="checkbox"/> Delete
NAME	TSANG, CARL	
STREET ADDRESS	777 S FLAGLER DRIVE WEST TOWER 14TH FLOOR	
CITY-ST-ZIP	W PALM BEACH FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	TAMAR, ABRAHAM	
STREET ADDRESS	777 S FLAGLER DR W TW 19TH FL	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	V	<input type="checkbox"/> Delete
NAME	STERN, RONALD	
STREET ADDRESS	777 S FLAGLER DR W TW 14TH FL	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABRAHAM, S. DANIEL	
STREET ADDRESS	777 S FLAGLER DR., EAST TOWER, SUITE 1000	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401	
TITLE	DSV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEINBERG, EDWARD L	
STREET ADDRESS	777 S FLAGLER DRIVE, EAST TOWER, SUITE 1000	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NOONAN, CHARLES	
STREET ADDRESS	777 S FLAGLER DR., EAST TOWER, SUITE 1000	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABRAHAM, TAMAR	
STREET ADDRESS	777 S FLAGLER DR., EAST TOWER, SUITE 1000	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STERN, RONALD	
STREET ADDRESS	777 S FLAGLER DR., EAST TOWER, SUITE 1000	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHARLES T. NOONAN 4-24-01 (561) 820-1320

Date

Daytime Phone #

CR2E034 (10/00)