

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000007180

1. Entity Name

S & A HOLDINGS, L.L.C.

Principal Place of Business

2901 BRIDGEPORT AVENUE
COCONUT GROVE FL 33133

Mailing Address

2901 BRIDGEPORT AVENUE
COCONUT GROVE FL 33133-3607

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0957487

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

KRAMER, ROBERT M
4000 HOLLYWOOD BLVD
STE 485 SOUTH
HOLLYWOOD FL 33021

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 signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

10. ADDITIONS / CHANGES

TITLE NAME ☐ Change ☒ Addition
Mgr. Jeffrey C. Samas
STREET ADDRESS 2901 Bridgeport Avenue
CITY- ST- ZIP Coconut Grove, FL 33133

TITLE NAME ☐ Change ☒ Addition
Mgr. Melvin L. Shapanka
STREET ADDRESS 2901 Bridgeport Avenue
CITY- ST- ZIP Coconut Grove, FL 33133

TITLE NAME ☐ Change ☐ Addition
7000003207507--2
-04/13/00--01078--011

TITLE NAME ☐ Change ☐ Addition
*****50.00 *****50.00
☐ Change ☐ Addition

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

Manager

(305) 443-4886



DO NOT WRITE IN THIS SPACE

APPROVED
AND
FILED

00 MAR 29 AM 11:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2000 (9/99)