

2001 UNIFORM BUSINESS REPORT (UBR)

0008978 AF

DOCUMENT # L99000007180

1. Entity Name
S & A HOLDINGS, L.L.C.

FILED

01 JAN 17 PM 2:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
2901 BRIDGEPORT AVENUE
COCONUT GROVE FL 33133

Mailing Address
2901 BRIDGEPORT AVENUE
COCONUT GROVE FL 33133

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0957487

Applied For
Not Applicable

Zip

Country

Zip

Country

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

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

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

10. ADDITIONS/CHANGES

TITLE NAME
MGR SAMAS, JEFFREY C
STREET ADDRESS
2901 BRIDGEPORT AVENUE
CITY-ST-ZIP
COCONUT GROVE FL 33133 ☐ Delete

TITLE NAME
NAME
STREET ADDRESS
CITY-ST-ZIP
400003567874-3
-01/23/01--01068--026
*****50.00 *****50.00 ☐ Change ☐ Addition

TITLE NAME
MGR SHAPANKA, MELVIN L
STREET ADDRESS
2901 BRIDGEPORT AVENUE
CITY-ST-ZIP
COCONUT GROVE FL 33133 ☐ Delete

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

TITLE NAME
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)

1/12/2001 305 443-4886