

# 2000 UNIFORM BUSINESS REPORT (UBR)

L99000009078

## DOCUMENT #

1. Entity Name  
SG/FEDERAL LLC

APPROVED  
AND  
FILED

00 JUN 12 AM 11:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
1500 San Remo Ave, Ste 185 1500 San Remo Ave, Ste 185  
Coral Gables, FL 33146 Coral Gables, FL 33146

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

65-0968514

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NRAI Services, Inc.  
526 E. Park Avenue  
Tallahassee, Florida 32301

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 ☐ Delete  
MGRM  
Eric Sheppard  
STREET ADDRESS 1500 San Remo Avenue  
CITY-ST-ZIP Coral Gables, FL 33146

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

TITLE NAME ☐ Delete  
NAME Phillip Wolman  
STREET ADDRESS 1500 San Remo Avenue  
CITY-ST-ZIP Coral Gables, FL 33146

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS 500003297965--5  
CITY-ST-ZIP -06/20/00--01090--011  
\*\*\*\*\*55.00 \*\*\*\*\*55.00

TITLE NAME ☐ Delete  
NAME Joseph and Benny Cataldo (JITE)  
STREET ADDRESS 3851 NW 7th Place  
CITY-ST-ZIP Deerfield Beach, FL 33442

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

TITLE NAME ☐ Delete  
NAME Cataldo Corp.  
STREET ADDRESS 3851 NW 7th Place  
CITY-ST-ZIP Deerfield Beach, FL 33442

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE NAME ☐ Delete  
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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

5/12/00

Date

305-665-3700

Daytime Phone #

CR2E083 (1/199)