

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90098 026 ***158.75

DOCUMENT # P00000005401

1. Entity Name

SDP ENTERPRISES, INC.

Principal Place of Business

**19201 WEST OAKMONT DR.
MIAMI FL 33015**

Mailing Address

**19201 WEST OAKMONT DR.
MIAMI FL 33015**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

#65-0987892

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ZAMORANO, ANDRE J
% VERNER, LIPPERT, BERNHARD, MCPHERSON & HAN
D, 200 SO. BISCAYNE BLVD., STE. 3100
MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name **Sean Penny**
Street Address (P.O. Box Number is Not Acceptable)
19201 W. oakmont Dr.
City **Miami** FL Zip Code **33015**

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 **SEAN PENNY**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-05-01

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 State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D, P	<input type="checkbox"/> Delete
NAME	PENNY, STEWART	
STREET ADDRESS	19201 WEST OAKMONT DR.	
CITY-ST-ZIP	MIAMI FL 33015	
TITLE	D, VP, S	<input type="checkbox"/> Delete
NAME	PENNY, DONNA	
STREET ADDRESS	19201 WEST OAKMONT DR.	
CITY-ST-ZIP	MIAMI FL 33015	
TITLE	D, VP	<input type="checkbox"/> Delete
NAME	PENNY, SEAN	
STREET ADDRESS	19201 WEST OAKMONT DR.	
CITY-ST-ZIP	MIAMI, FL 33015	
TITLE	D, VP	<input type="checkbox"/> Delete
NAME	PENNY, LANCE	
STREET ADDRESS	19201 WEST OAKMONT DR.	
CITY-ST-ZIP	MIAMI, FL 33015	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: **Stewart Penny**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEWART PENNY

Date

1-12-01

Daytime Phone #

305-829-1242

CR2E034 (10/00)