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Jul 02, 2001 8:00 am
Secretary of State
07-02-2001 90165 004 ***550.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000034695

1. Entity Name
S & S COMPANY OF SOUTH FLORIDA, INC.

Principal Place of Business	Mailing Address
11130 NORTH KENDALL DRIVE SUITE 202 MIAMI, FLORIDA 33173	11130 NORTH KENDALL DRIVE SUITE 202 MIAMI, FLORIDA 33173

A0075547

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
18629 SW 107TH AVENUE	18629 SW 107TH AVENUE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI, FLORIDA	City & State: MIAMI, FLORIDA
Zip: 33157 Country: USA	Zip: 33157 Country: USA

4. FEI Number: 65-1050548 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CARLOS A. TRIAY 999 PONCE DE LEON BLVD., #1110 CORAL GABLES, FLORIDA 33134	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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MIGUEL SALGUEIRO, JR. 11130 KENDALL DRIVE, #202 MIAMI, FLORIDA 33173	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VTSD ALGREDO SOCORRO 11130 KENDALL DRIVE, #202 MIAMI, FLORIDA 33173	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ERIC T. REARDON 8065 SW 107TH AVENUE, #323 MIAMI, FLORIDA 33173	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ORESTES E. GONZALEZ 1502 LISBON CORAL GABLES, FLORIDA 33134	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PHILIP J. REICHENTHAL 9100 DADELAND BLVD. MIAMI, FLORIDA 33156	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (1/1/00)

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: _____ 6/26/01 305-969-0005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #