2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000034695

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

FILED Apr 02, 2002 8:00 AM Secretary of State

Current Principal Place of Business:			New Principal	New Principal Place of Business:	
18629 SW 107TH AVENUE MIAMI, FL 33157				11780 SW 89 ST MIAMI, FL 33186	
Current Mailing Address:			New Mailing A	New Mailing Address:	
18629 SW 107TH AVENUE MIAMI, FL 33157				11780 SW 89 ST MIAMI, FL 33186	
FEI Number:	65-1050548	FEI Number Applied For()	FEI Number Not Applicable	e() Certificate of Status Desired()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
TRIAY, CARLOS A 999 PONCE DE LEON BLVD., #1110 CORAL GABLES, FL 33134 US			10570 NW 27 S SUITE 103	TRIAY, CARLOS A 10570 NW 27 ST SUITE 103 MIAMI, FL 33172 US	
	named entity s of Florida.	submits this statement for the pur	pose of changing its req	gistered office or registered agent, or both,	
SIGNATURE:				04/02/2002	
	Electron	ic Signature of Registered Agent		Date	
		satisfy its Intangible Tax filing require	ement and elects to do so	(X).	
OFFICERS AND DIRECTORS:			ADDITIONS/CH	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	SALGUEIRO, M	KENDALL DRIVE, SUITE 202	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	SOCORRO, ALI	KENDALL DRIVE, SUITE 202	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	REARDON, ERI	TH AVE., UNIT 323	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	D (X) GONZALEZ, OR 1502 LISBON CORAL GABLES	RESTES E	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	D (X) REICHENTHAL, 9100 S. DADEL MIAMI, FL 3315	AND BLVD.	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MIGUEL SALGUEIRO D 04/02/2002