

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2003 8:00 am
Secretary of State

01-30-2003 90151 009 ***150.00

DOCUMENT # P00000035805

1. Entity Name
SB ALGORITHMS, INC.



Principal Place of Business
16711 COPPINS AVE
STE 2201
MIAMI FL 33160
US

Mailing Address
16711 COPPINS AVE
STE 2201
MIAMI FL 33160
US

2. Principal Place of Business
16711 COLLINS AVE

3. Mailing Address
16711 COLLINS AVE

Suite, Apt. #, etc.
2201

Suite, Apt. #, etc.
2201

City & State
Sunny ISLES BEACH, FL

City & State
Sunny ISLES BEACH, FL

Zip
33160

Country

Zip
33160

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0999456

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

SERGEY, BENSKY
16711 COPPINS AVE #2201
SUNNY ISLES BEACH FL 33160

Name SERGEY BENSKY
Street Address (P.O. Box Number is Not Acceptable)
16711 COLLINS AVE
City Sunny ISLES BEACH FL Zip Code 33160

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME SERGEY, BENSKY
STREET ADDRESS 16711 COPPINS AVE #2201
CITY-ST-ZIP SUNNY ISLES BEACH FL 33160

TITLE PD
NAME SERGEY BENSKY
STREET ADDRESS 16711 COLLINS AVE #2201
CITY-ST-ZIP SUNNY ISLES BEACH, FL, 33160

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-22-03 305/542-1531

Date

Daytime Phone #

CR2E034 (10/02)