

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 02, 2001 8:00 am**  
**Secretary of State**

03-02-2001 90032 012 \*\*\*158.75

**DOCUMENT # P00000036830**

1. Entity Name  
**1040 SGR, INC.**

Principal Place of Business <b>1 N.E. 1ST STREET, SUITE 700 MIAMI FL 33132</b>	Mailing Address <b>1 N.E. 1ST STREET, SUITE 700 MIAMI FL 33132</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>13132 W. Dixie Hwy.</b> Suite, Apt. #, etc.	3. Mailing Address <b>13132 W. Dixie Hwy.</b> Suite, Apt. #, etc.
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City & State <b>North Miami, Fl</b>	City & State <b>North Miami, Fl</b>	4. FEI Number <b>65-0998382</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
Zip <b>33161</b>	Country <b>Dade</b>	Zip <b>33161</b>	Country <b>Dade</b>	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**WENDY R. ROSEN P.A.**  
**1 N.E. 1ST STREET, SUITE 700**  
**MIAMI FL 33132**

7. Name and Address of New Registered Agent  
 Name  
**Wendi R. Rosen, P.A.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**48 East Flager Street**  
**Suite 368**  
 City  
**Miami** **FL** Zip Code  
**33131**

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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD ROSEN, PAUL</b> <input type="checkbox"/> Delete <b>1 NORTHEAST 1ST STREET MIAMI FL 33132</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>13132 W. Dixie Hwy. North Miami, Fl 33161</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Paul Rosen** **2/28/01** **305-981-0311**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)