2001 UNIFORM BUSINESS REPORT (UBR) May 17, 2001 8:00 am DOCUMENT # P00000 44754 Secretary of State 04-19-2001 90062 035 ***150.00 SS Enterprises Inc 4934 N.W. 82 Ave. auderhill, FL 33351 3. Mailing Address 482 Avenue 2. Principal Place of Business 44285 Fort Landerdale DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State Florida 65-1018039 <u>uder</u>hill Not Applicable \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee_Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Zip Code City FL 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. 14/14-01 SIGNATURE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. President Deleta TITLE TITLE Sheldon Pinder NAME NAME 4934 N.W. 81 Avenue STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP auderhill, FL 333 ☐ Change ☐ Addition Delete TIRE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-7/P ☐ Change ☐ Addition C Celete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE MILE ☐ Change ☐ Addition Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-71P TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST-ZIP 13. Thereby certify that the information supplied with this lifting 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 il changed, or on an attachment with an address, with attacher like empowered. SIGNATURE:

Shelder Vinder

4/30/01

FILED

4/1