

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000064287

1. Entity Name  
**S & E ASSOCIATES, INC.**

**FILED**

**Apr 16, 2001 8:00 am**  
**Secretary of State**

04-16-2001 90281 007 \*\*\*150.00

Principal Place of Business <b>9877 NORTHWEST 26TH PLACE SUNRISE FL 33322</b>	Mailing Address <b>9877 NORTHWEST 26TH PLACE SUNRISE FL 33322</b>
--	--

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address <b>9877 NW 26 PLACE</b> Suite, Apt. #, etc.
---	--

City & State <b>SUNRISE FL</b>	City & State <b>SUNRISE FL</b>
Zip <b>33322</b>	Country <b>BROWARD</b>



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>651024358</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent <b>SALOMON, SCOTT A 2417 NORTH UNIVERSITY DRIVE CORAL SPRINGS FL 33065 DELETE</b>		7. Name and Address of New Registered Agent Name <b>SAM SPINELLI</b> Street Address (P.O. Box Number is Not Acceptable) <b>9877 NW 26 PLACE</b> City <b>SUNRISE FL</b> Zip Code <b>33322</b>

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 *Sam Spinelli* (NOTE: Registered Agent signature required when reinstating) DATE 4/13/01

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back)	<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"/> \$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	<b>PD SPINELLI, SAM 9877 NORTHWEST 26TH PLACE SUNRISE FL 33322</b> <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	<b>ST WATERS, EVA 9877 NORTHWEST 26TH PLACE SUNRISE FL 33322</b> <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: *SAM SPINELLI* *Sam Spinelli* 4/13/01 954 749-3456  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)