

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000076471

1. Entity Name

SSOSS MANAGEMENT, INC.

**FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**

04-30-2001 90433 018 \*\*\*150.00

Principal Place of Business

950 N. FEDERAL HIGHWAY, #102  
POMPANO BEACH FL 33062

Mailing Address

950 N. FEDERAL HIGHWAY, #102  
POMPANO BEACH FL 33062

2. Principal Place of Business

101 N. RIVERSIDE DRIVE  
Suite, Apt. #, etc.  
# 115 WEST

3. Mailing Address

Suite, Apt. #, etc.

City & State

Pompano Beach, Fla.

City & State

Zip

33062

Country

USA

Country

4. FEI Number

65-1035513

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BONANNO, DIANE  
950 N. FEDERAL HIGHWAY, #102  
POMPANO BEACH FL 33062

7. Name and Address of New Registered Agent

Name

Diane Bonanno

Street Address (P.O. Box Number is Not Acceptable)

101 N. RIVERSIDE DRIVE #115 WEST

City

Pompano Beach

FL

Zip Code

33062

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) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DIANE BONANNO  
2750 NE 52 STREET  
Lighthouse Point, Fla. 33064  
President ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
ARCHIBALD STONEY  
5003 PIER DRIVE  
GREENACRES, FLA. 33463  
Vice President ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MARILYN HANGLEY  
4600 CARAMBOLA CIRCLE S.  
COCONUT CREEK, FLA. 33066  
Treasurer ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
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STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
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CITY - ST - ZIP  
☐ Change ☐ 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:

*Diane Bonanno*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/01

Date

Daytime Phone #

954  
785-7020

CR2E034 (10/00)