

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90242 022 ***150.00

DOCUMENT # P00000081435

1. Entity Name
SBF SERVICES, INC.



Principal Place of Business
1600 S W 10TH STREET 3351 SW 20th ST
FORT LAUDERDALE, FL 33312-3217

Mailing Address
1600 S W 10TH STREET
FORT LAUDERDALE, FL 33312-3217

2. Principal Place of Business
3351 S.W. 20th ST
Suite, Apt. #, etc.

3. Mailing Address
Spine
Suite, Apt. #, etc.

City & State
FORT LAUDERDALE, FL

City & State

Zip
33312

Country
BROWARD

Zip

Country

4. FEI Number
65-1041304

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

8. Name and Address of Current Registered Agent

FOX, STEVEN
1600 S W 10TH STREET 3351 SW 20th ST
FORT LAUDERDALE, FL 33312-3217

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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)

4/28/03
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

TITLE **D** ☐ Delete
NAME **FOX, STEVEN**
STREET ADDRESS **1600 S W 10TH STREET 3351 SW 20th ST.**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33312-3217**

TITLE **D** ☐ Delete
NAME **SPITZ, ARLENE**
STREET ADDRESS **620 S E 6TH AVENUE, #3201**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33301**

TITLE **D** ☐ Delete
NAME **RATHE, RITA**
STREET ADDRESS **7619 LAPAZ BOULEVARD, #306**
CITY-ST-ZIP **BOCA RATON, FL 33433**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
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TITLE ☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/03 **954.770-7480**
Date Daytime Phone #

CR2E334 (10/02)