

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90173 009 ***150.00

DOCUMENT # P00000099186

1. Entity Name
SBA GERMANY, INC.

Principal Place of Business
~~ONE TOWN CENTER ROAD, 3RD FLOOR~~
~~BOCA RATON FL 33486~~

Mailing Address
~~ONE TOWN CENTER ROAD, 3RD FLOOR~~
~~BOCA RATON FL 33486~~

2. Principal Place of Business
5900 Broken Sound Parkway N.W.
Boca Raton, FL 33487

3. Mailing Address
5900 Broken Sound Parkway N.W.
Boca Raton, FL 33487



DO NOT WRITE IN THIS SPACE

City & State		Country		Zip		Country	
4. FEI Number 65-1050317				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				7. Name and Address of New Registered Agent			
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525				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.

SIGNATURE _____ (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"/>	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 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	CD BERNSTEIN, STEVEN E ONE TOWN CENTER RD. BOCA RATON FL 33486	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP, CAO, AS, AT Jack Fiedor 5900 Broken Sound Parkway NW Boca Raton, FL 33487	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BIZICK, RONALD ONE TOWN CENTER RD. BOCA RATON FL 33486	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Jason Silberstein 5900 Broken Sound Parkway NW Boca Raton, FL 33487	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS BRESKIN, THERESA N ONE TOWN CENTER RD. BOCA RATON FL 33486	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jeffrey A. Stoops Pres, CEO, AS, AT, Director 5900 Broken Sound Parkway NW Boca Raton, FL 33487	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HUNT, THOMAS P ONE TOWN CENTER RD. BOCA RATON FL 33486	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SUP, GC, Secretary, AT Thomas P. Hunt	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CAO KLINE, PAMELA J ONE TOWN CENTER RD. BOCA RATON FL 33486	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP, AS, AT Pamela J. Kline	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SIMKIN, MICHAEL ONE TOWN CENTER RD. BOCA RATON FL 33486	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SUP, CFO, Treas, AS John Marino 5900 Broken Sound Parkway NW Boca Raton, FL 33487	<input type="checkbox"/> Change <input checked="" 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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

561-995-7670

CP2E034 (9/01)

