

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000103697 ✓

1. Entity Name
SSFC Properties number one INC.

FILED

01 JUN 19 PM 2:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
3389 SHERIDAN STREET
#248
HOLLYWOOD FL 33021

Mailing Address
3389 SHERIDAN STREET
#248
HOLLYWOOD FL 33021

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE
02/19/01 90026 034 15aw
4. FEI Number
65-1087409

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Jeannette Blanco
3901 N - 50AV
Hollywood FL 33021

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VP
NAME Jeannette Blanco
STREET ADDRESS 3389 SHERIDAN STREER
CITY-ST-ZIP HOLLYWOOD FL 33021

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Addition

TITLE S
NAME Smith Candice
STREET ADDRESS 3389 SHERIDAN STREET # 248
CITY-ST-ZIP HOLLYWOOD FL 33021

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Addition

TITLE
NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Addition

TITLE
NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change Addition

TITLE
NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change Addition

TITLE
NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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:  DATE: May-20-2001 DAYTIME PHONE #: 954-843-8620