FILED

## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

## Feb 03, 2003 8:00 am **Secretary of State** P01000056269 DOCUMENT # 02-03-2003 90139 046 \*\*\*158.75 1. Entity Name SFUPS, INC. Principal Place of Business Mailing Address 44UUU253 1465 BARCELONA WAY 1465 BARCELONA WAY WESTON FL 33327 WESTON FL 33327 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. M CHECK HERE IF MAKING CHANGES City & State City & State Applied For Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MCDUFF, SCOTT Street Address (P.O. Box Number is Not Acceptable) 1465 BARCELONA WAY WESTON FL 33327 City 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 SIGNATURE cent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Addition MCDUFF, SCOTT NAME NAME 1465 BARCELONA WAY STREET ADDRESS STREET ADDRESS WESTON FL 33327 CITY-ST-782 CITY-ST-7IP Darmanin, Wancy Treasure Change TITLE TITL F Delete NAME eisnor, audrey NAME 981 Harbor View Worth STREET ADDRESS 7406 NW 61 TERR STREET ADDRESS Hollywood, FL 33019 CITY-ST-ZIP CITY-ST-ZIP PARKLAND FL 33067 ☐ Delete 🗶 Change ☐ Addition Phil RUDIN --NAME RUVIN, PHIL NAME -STREET ADDRESS 12143 SUNSET POINT CIRCLE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33414 TITLE ۷P ☐ Delete TITLE ☐ Change ☐ Addition NAME MCDUFF, KELLY NAME STREET ADDRESS 1465 BARCELONA WAY STREET ADDRESS CITY-ST-ZIP Weston FL 33327 CITY-ST-ZIP TITLE TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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

SIGNATURE:

changed, or on an attachment with an address, with all other like empowered