FOR PROFIT CORPORATION UNIFORM BUSINESS DEDOOT (LIBB)

FILED Sep 03, 2002 8:00 am Secretary of State

| DOCUMENT # PO1 OC | 0058911 | I (UBK) | 09-03-2002 90001 02 | 21 ***158.75 |
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| SFG Real Estate | Investment | s, Inc. V | | |
| | | | V~~ | |
| DO NOT WRITE | E IN THIS S | PACE | | |
| Principal Place of Business | 3. Mailing Address | | | • |
| 5900 Miami Lakes Dr. Suite, Apt. #, etc. | 5900 May Suite, Apt. #, etc. | ni lakes Dr. | DO NOT WRITE IN THIS SPACE | E |
| City & State Hiami Lakes FL | City & State Mian Lake | s FL | 4. FEI Number | Applied For |
| Zip Country 33014 USA | ^{Zip} 33014 | Country | | Not Applicable 75 Additional Required |
| Bergerapis and in Arrange Service is used to D Arrange and Communication and the Communication | ing a della della della della Residentia della del | | 7. Name and Address of Current Registered Ager | ' |
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| EIN THIS SP | PACE | 88 N | P.O. Box Number is Not Acceptable) | |
| | riet is period et le ma <mark>ste.</mark> Peuropa period estructura | City | Mani Bah FL 3 | 9 Code 3 3 1 6 2 |
| 8. The above named entity submits this statement for | or the purpose of changing its | s registered office or register | ed agent, or both, in the State of Florida. | 5316 Z |
| SIGNATURE Signature, typsed or printed name of registered agent | and title if applicable. (NOT | r E: Registered Agent signature required | when reinstating) DATE | |
| This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. | January 1 - N | May 1 Fee is \$150.00 1, Fee is \$550.00 | | <u> </u> |
| (See criteria on back) | Amende | d UBR is \$61.25. ble to Department of Stal | Trust Fund Contribution | \$5.00 May Be Added to Fees |
| 11. OFFICERS AND | | | | TALL CO. A. Device of |
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Affachmen F

FARMACAPSULAS®

Poloco58911

July 26, 2002

Division of Corporations 409 East Gaines Street Tallahassee, FL 32399

RE:

SFG Real Estate Investments, Inc.

FEIN 65-1114587

Gentlemen:

This letter serves as notification that we did not receive the original 2002 Uniform Business Report for the entity referenced above. However, we did receive the second notification, which now charges a fee of \$550.00.

As we are not at fault for the tardiness of the filing of this report, enclosed please find a check in the amount of \$158.75 in payment of the filing fee as well as the fee required for the Certificate of Status.

If you have any questions, please contact me at the Headquarters' phone number given below.

Sincerely.

Saul Gilinski

| DOCUME | VT # P0100 | 0058911 | 10771 | 128 | AfaChmen | , . | |
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| . Entity Name SFG REAL EST | TATE INVESTMENTS, I | NC. | | 20 | | | |
| | Cipal Place of Business Mailing Address D MIAMI LAKES DRIVE 5900 MIAMI LAKES DRIV MI LAKES FL 33014 MIAMI LAKES FL 33014 | | /E | | | 112 40 14 1 124 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | |
| . Principal Place of | Business | 3. Mailing Address | | | | | |
| Suite, Act. =, etc. | | Suite, Act. #. etc. | | | DO NOT WAITE IN THIS SPACE | | |
| City & State | | City & State | | 4. | C5-111458- | | ooxed For lot Applican |
| Zis | Country . | Zip | Country | 5. | Dentificate of Status Desired [| \$8.75 Ac | ditional |
| 6. 1 | lame and Address of Current f | Registered Agent | Name | 7. 1 | lame and Address of New Regis | tered Agent | |
| KLEIN, THEODORE J ESQ. 88 N.E. 168 STREET NORTH MIAMI BEACH FL 33162 | | | Street Ac | gress (F.O. S | cx Number is Not Acceptable) | | |
| | | | | | | | |
| | | . • | City | | ent, or poth, in the State of Florida. | FL Zip Co | |
| Tax filling requiren (See criteria on ca | | After September 1 Make Check Paya | ble to Department | \$750.00 of State | 10. Election Campaign Financii Trust Fund Contribution. | ☐ Adde | 00 May Be i to Fees |
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FARMACAPSULAS

Dept. of State

Affalhmen Sk No: 9315

Check Date: Jul 25, 209315

Check Amount: \$158.75

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Discount

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SFG RE Unif

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FARMACAPSULAS®

5900 MIAMI LAKES DRIVE MIAMI LAKES, FL 33014 EAGLE NATIONAL BANK MIAMI, FL 33131 63-634/660

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Jul 25, 2002 ******\$158.75*

One Hundred Fifty-Eight and 75/100 Dollars

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Dept. of State

Division of Corporations 409 East Gaines Street

Tallahassee, FL 32399

AUTHORIZED SIGNATURE

ARMACAPSULAS

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HAALUMM-en T Customer Relations Delivery Code 4634 3875 Airways Boulevard, 3rd Floor

Memphis, TN 38116

US Mail PO Box 727 Memphis, TN 38194-4634 Telephone 901.348.9306 Fax 901.922.1539





Polovos8911

August 7, 2002

Department of State Division of Corporation 409 East Gaines Street Tallahassee, FL 32399

To Whom It May Concern:

I have been asked to explain the circumstances regarding the urgent shipment that Farmacapsulas in Miami Lakes, Florida, sent to your attention on package tracking number 790498166622.

Our records indicate that this FedEx Standard Envelope shipment was tendered to us on Thursday, July 25, and was scheduled for delivery by 3:00 p.m. on Friday, July 26. I regret to advise you, however, that our aircraft travelling from Memphis to Tallahassee on the morning of the 26th was involved in an incident in which it sustained substantial fire damage and it appears that all contents were destroyed. According to available information, the aforementioned shipment was among those on this flight.

I sincerely apologize for any difficulty caused by this unfortunate incident. It is our hope that, due to the aforementioned circumstances, this will not be allowed to reflect negatively on the efforts of the shipper, and that we will have future opportunities to serve all parties involved more favorably.

Very truly yours.

Joan M. Kintzele

Customer Relations Department

imk 129402

cc:

Ms. Carol Perez
Farmacapsulas

5900 Miami Lakes Drive Miami Lakes, FL 33014