

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

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

09-03-2002 90001 021 ***158.75

DOCUMENT # **P01000058911**

1. Entity Name

SFG Real Estate Investments, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5900 Miami Lakes Dr.

Suite, Apt. #, etc.

3. Mailing Address

5900 Miami Lakes Dr.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Miami Lakes FL

City & State

Miami Lakes FL

4. FEI Number

65-1114587

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Theodore J. Klein Esq.

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

88 N.E. 168 street

City

North Miami Bch

FL

Zip Code

33162

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**President
Saul Gilinski
5900 Miami Lakes Drive
Miami Lakes, FL 33014**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/27/02

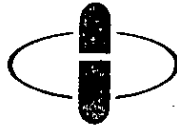
Date

305-823-9464

Daytime Phone #

CR2E034B (12/01)

Attachment



FARMACAPSULAS®

677428

P0100058911

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

Headquarters

5900 Miami Lakes Drive
Miami Lakes, FL 33014

Phone: 800-440-6470 • Fax: 305-823-9465

Manufacturer of



Made From All Vegetable Material

www.farmacapsulas.net

Regional Office

9612 Owensmouth Avenue
Chatsworth, CA 91311

Phone: 888-744-8002 • Fax: 818-678-3961

2002 UNIFORM BUSINESS REPORT (UBR)

Attachment

DOCUMENT # **P01000058911** *677428*

1. Entity Name
SFG REAL ESTATE INVESTMENTS, INC.

Principal Place of Business
**5900 MIAMI LAKES DRIVE
MIAMI LAKES FL 33014**

Mailing Address
**5900 MIAMI LAKES DRIVE
MIAMI LAKES FL 33014**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FFI Number
65-1114587

Approved For
Not Applicable

Zip Country

Zip Country

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

**KLEIN, THEODORE J ESQ.
88 N.E. 168 STREET
NORTH MIAMI BEACH FL 33162**

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 _____ (NOTE: Registered Agent's signature required when reappointing) DATE _____

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 (If 11)

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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 person or trustee empowered to execute this report as required by Chapter 667, 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]* **7/25/02** **305-823-9464**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FARMACAPSULAS

Dept. of State

Attachmen Ck No: 9315

Check Date: Jul 25, 2002 09315

Check Amount: \$158.75

Inv#/Ref Description

Discount Amount Paid

SFG RE Unif

158.75

7/26/02

677428
PO1000058911



FARMACAPSULAS

5900 MIAMI LAKES DRIVE
MIAMI LAKES, FL 33014

EAGLE NATIONAL BANK
MIAMI, FL 33131
63-634/660

09315

DATE

AMOUNT

9315

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

AY One Hundred Fifty-Eight and 75/100 Dollars

TO THE
ORDER
OF:
Dept. of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

AUTHORIZED SIGNATURE

MP

⑈009315⑈ ⑈066006349⑈ 0103164451⑈06

FARMACAPSULAS

Dept. of State

Check Number: 9315
Check Date: Jul 25, 2002 09315

Check Amount: \$158.75

Inv#/Ref Description

Discount Amount Paid

G RE Unif

158.75

Attachment
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



677428
PJ10005891

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
Joan M. Kintzele
Customer Relations Department

jmk 129402

cc: Ms. Carol Perez ✓
Farmacapsulas
5900 Miami Lakes Drive
Miami Lakes, FL 33014