2003

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

04 FEB -2 PM 3:19

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P01000063425

1. Entity Name
SBT MANAGEMENT INC

DO NOT WRITE IN THIS SPACE

REINSTATEMENT 03-04

2. Principal Place of Business	3. Mailing Address
9710 NW 48 DRIVE	2526 N. STATE RD 7
Suite, Apt. #, etc.	Suite, Apt. #, etc. 115
City & State: CORAL SPRINGS, FL	City & State: HOLLYWOOD, FL
Zip: 33076 Country: US	Zip: 33021 Country: US

4. FEI Number: 65-1118055 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: STEVE Z LEVY

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

2525 N STATE ROAD 7 - STE 115

City: HOLLYWOOD FL Zip Code: 33021

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] 1/23/04
(Type or printed name of registered agent and title if applicable) (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 1st - May 1, Fee is $150.00
After May 1st Fee is $400.00
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	PD
NAME	GILAD SIGAL
STREET ADDRESS	9710 NW 48 DRIVE
CITY-ST-ZIP	CORAL SPRINGS, FL 33076
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

100028332681
02/06/04--01026--012 **300.00

CR2E034R (12/01)

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: (X) [signature] 1/23/04 954-554-3197
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

2004 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000063425

1. Entity Name

SBT MANAGEMENT INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
9710 NW 48 DRIVE	2525 N. STATE RD 7
Suite, Apt. #, etc.	Suite, Apt. #, etc. 115
City & State: CORAL SPRINGS, FL	City & State: HOLLYWOOD, FL
Zip: 33076 Country: US	Zip: 33021 Country: US

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-1118055 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: STEVE Z LEVY

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

2525 N STATE ROAD 7 - STE 115

City: Hollywood FL Zip Code: 33021

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] 1/23/04

Signature of the above named registered agent, 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 $300.00
(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

TITLE	PD
NAME	GILAD SIGAL
STREET ADDRESS	9710 NW 48 DRIVE
CITY-ST-ZIP	CORAL SPRINGS, FL 33076
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E084B (12/01)

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: (X) [signature] 1/23/04 954-554-3197

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

SBT MANAGEMENT INC
9710 NW 48 DRIVE
CORAL SPRINGS, FL 33076

P01000063425

January 23, 2004

Department of State
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: SBT MANAGEMENT INC
DOC #P01000063425

Dear Sir or Madam:

I ask that the penalty for the failure to file an annual report be waived. The taxpayer never received the renewal form due a change in the address. The penalty will create a hardship for my business and I ask that you please waive it.

Enclosed is my UBR form with my fee of $300.00 for the year 2003 and 2004.

Thank you very much for you help and understanding.

Sincerely,

Sigal Gilad