

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

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90160 049 ***150.00

DOCUMENT # **PO10000067823**

1. Entity Name

SLPG INC. ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1307 S. MILITARY TRAIL

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

DEERFIELD BCH, FL

City & State

4. FEI Number

65-1123 639

Applied For

Not Applicable

Zip

33442

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

GARY KAZAKS

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

5364 N.W. 122 DR.

City

CORAL SPRINGS

FL

Zip Code

33076

**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 GARY KAZAKS 5364 NW 122 DR. CORAL SPRINGS FL 33076
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VICE PRESIDENT PHIL MISKOFF 5301 NW 123 TERRACE CORAL SPRINGS, FL 33076
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SECRETARY LAURIE MISKOFF 5301 NW 123 TERRACE CORAL SPRINGS, FL 33076
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TREASURER STEPHANIE KAZAKS 5364 NW 122 DR. CORAL SPRINGS, FL 33076
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**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: **A3/Cy**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/25/02

954-221-7216

Daytime Phone #

CR2E034B (12/01)