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

DOGUMENT #---P01000076823

S&S APARTMENTS, INC.



## FILED Mar 12, 2003 8:00 am Secretary of State

03-12-2003 90091 040 \*\*\*150.00

Suite, Apt. #, etc.   Suite, Apt. #, etc.   City & State   Country   Zip   Country   S. Certificate of Status Desired   S8.75 & Required   Recommendation   Recommendatio	1095 NORTH SHORE DRIVE MIAMI BEACH FL 33141		1095	Mailing Address 1095 NORTH SHORE DRIVE MIAMI BEACH FL 33141				\UUZ\161				
City & State  Country  Country  S. Certificate of Status Desired  STEIN, ERIC P ESO  913 NORMANDY DRIVE  MIAMI BEACH FL 33141  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 Fiorida. I am lamiliar with, and a the obligations of registered agent.  SIGNATURE  FIL E-NOW!!! FEE-IS, \$150.00  After May 1, 2013 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS INT  TITLE  D OFFICERS AND DIRECTORS  TITLE  D Delete  MAME  SIREET ADDRESS  CITY-ST-ZP  MAMI BEACH FL 33141  CITY-ST-ZP  MA	2. Principal Place of Business			3. Mailing Address					<b> </b>			
Zip Country Zip Country 5. Certificate of Status Desired Sea Required  6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name  STEIN, ERIC P ESO 913 NORMANDY DRIVE MIAMI BEACH FL 33141  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 a the obligations of registered agent.  SIGNATURE Screens upped or printed name of registered agent and the 4 applicable. (NOTE Registered Agent signature required when remetating)  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN THE NAME STREET ADDRESS CHY-SI-ZIP MIAMI BEACH FL 33141  TITLE D GRAND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN THE NAME STREET ADDRESS CHY-SI-ZIP MIAMI BEACH FL 33141  TITLE D GRAND DIRECTORS 11. STREET ADDRESS CHY-SI-ZIP MIAMI BEACH FL 33141  TITLE D GRAND DIRECTORS 11. STREET ADDRESS CHY-SI-ZIP MIAMI BEACH FL 33141  TITLE D GRAND DIRECTORS 11. STREET ADDRESS CHY-SI-ZIP MIAMI BEACH FL 33141  TITLE D GRAND DIRECTORS 11. STREET ADDRESS CHY-SI-ZIP MIAMI BEACH FL 33141  TITLE D GRAND DIRECTORS 11. STREET ADDRESS CHY-SI-ZIP MIAMI BEACH FL 33141  TITLE D GRAND DIRECTORS 11. STREET ADDRESS CHY-SI-ZIP MIAMI BEACH FL 33141  TITLE D GRAND DIRECTORS 11. STREET ADDRESS CHY-SI-ZIP MIAMI BEACH FL 33141  TITLE D GRAND DIRECTORS STREET ADDRESS CHY-SI-ZIP MIAMI BEACH FL 33141  TITLE D GRAND DIRECTORS STREET ADDRESS CHY-SI-ZIP MIAMI BEACH FL 33141  TITLE D GRAND DIRECTORS STREET ADDRESS CHY-SI-ZIP MIAMI BEACH FL 33141  TITLE D GRAND DIRECTORS STREET ADDRESS CHY-SI-ZIP MIAMI BEACH FL 33141  TITLE D GRAND STREET ADDRESS CHY-SI-ZIP MIAMI BEACH FL 33141  TITLE S D GRAND STREET ADDRESS CHY-SI-ZIP MIAMI BEACH FL 33141  TITLE S D GRAND STREET ADDRESS CHY-SI-ZIP MIAMI BEACH FL 33141  TITLE S D GRAND STREET ADDRESS CHY-SI-ZIP MIAMI BEACH FL 33141  TITLE S D	Suite, Apt.	#, etc.	Suite, Apt. #, etc.					☐ CHECK HERE IF MAKING CHANGES				
Stein, Eric P ESO 913 NORMANDY DRIVE MIAMI BEACH FL 33141  SITEL NOW!!!FEE_IS. \$150.00 After May 1, 2003 Fee will be \$555.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TIPE NAME SIREE ADDRESS CITY-ST-ZIP TITLE D BRILL, SARA 1095 NORTH SHORE DRIVE MIAMI BEACH FL 33141  Converted Address (P.O.Box.Number, is Not Acceptable)  S. Certificate of Status Desired Fee Required Fee Required F. Name Address of New Registered Agent For Registered Agent Trust Fund Contribution  City  FL Zip Code  S. Toe above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. I am familiar with, and a state of Fiorida. I am familiar with, and a state of Fiorida. I am familiar with, and a state of Fiorida Department of the purpose of changing its registered Agent signature required when rerestacropy  P. Election Campaign Financing Trust Fund Contribution.  State Address (P.O.Box.Number, is Not Acceptable)  Singer Address (P.O.Box.Number, is Not Acce	City & Star	е	City	City & State			4	. FEI Number <b>65-1131168</b>		Applied For Not Applicable		
STEIN, ERIC P ESO 913 NORMANDY DRIVE MIAMI BEACH FL 33141  City  FL  Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fiorida. I am familiar with, and a the obligations of registered agent.  SIGNATURE  FILE NOW!!!! FEE IS, \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Fiorida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1  TITLE  D  DEID DEID NAME  STREET ADDRESS  CITY-ST-ZIP  MIAMI BEACH FL 33141  CITY ST-ZIP  MIAMI BEACH FL 33141  CITY ST-ZI	Zip	Country	Zip	Zip Country			5	5. Certificate of Status Desired \$8.75 Additional			7	
STEIN, ERIC P ESO 913 NORMANDY DRIVE MIAMI BEACH FL 33141  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 a the obligations of registered agent.  SIGNATURE  SIGNATURE  FILE NOW!!!! FEE IS: \$150.00  After May 1, 2003 Fee will be \$50.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TITLE  D  BRILL, SARA  STREET ADDRESS  CITY-ST-ZIP  TITLE  D  D Delete  TITLE  D  D DELETONESS  TOWNESS  TOWN		6. Name and Address of Curren	t Registere	ed Agent		]	7.	. Name and Address of New Reg				╛
913 NORMANDY DRIVE MIAMI BEACH FL 33141  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fronta. I am familiar with, and a the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating)  DATE  FILE:NOW!!! FEE:IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TITLE  NAME  BRILL, SARA  1095 NORTH SHORE DRIVE  MIAMI BEACH FL 33141  CITY-ST-ZIP  MIAMI BEACH FL 33141  CITY-ST-ZIP  TITLE  D Delete  MIAMI BEACH FL 33141  CITY-ST-ZIP  MIAMI BEACH FL 33141  CITY-ST-ZIP  TITLE  D Delete  MIAMI BEACH FL 33141  CITY-ST-ZIP  MIAMI BEACH FL 33141  CITY-ST-ZIP  TITLE  D Delete  MIAMI BEACH FL 33141  CITY-ST-ZIP  TITLE  D MAMI BEACH FL 33141  CITY-ST-ZIP  TITLE  D MAMI BEACH FL 33141  CITY-ST-ZIP  TITLE  D MAMI BEACH FL 33141  CITY-ST-ZIP  SIREET ADDRESS  TREET ADDRESS  TR						Name						7
MIAMI BEACH FL 33141  City  City  FL  Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and a the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and title # applicable.  (NOTE: Registered Agent signature required when reinstating)  DATE  FILE_NOW!!!EEE_IS_\$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10.  OFFICERS AND DIRECTORS  11.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS ITILE  NAME  BRILL, SARA  GRILL, SARA  1095 NORTH SHORE DRIVE  MIAMI BEACH FL 33141  CITY-ST-ZIP  TITLE  D  D  Delete  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  MIAMI BEACH FL 33141  CITY-ST-ZIP  TITLE  D  Change  AMME  STREET ADDRESS  TOPY-ST-ZIP  MIAMI BEACH FL 33141  CITY-ST-ZIP  TITLE  D  Change  AMME  STREET ADDRESS  TEPLICKI, SARA  MAMI BEACH FL 33141  CITY-ST-ZIP  TITLE  D  Change  AMME  STREET ADDRESS  TEPLICKI, JAIME  STREET ADDRESS			<del></del>	Street Address			trass (PO	(PO Boy Number is Not Accontable)				
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After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1  TITLE D BRILL, SARA  SIREET ADDRESS CITY-ST-ZIP  TITLE D TEPLICKI, SARA  STREET ADDRESS CITY-ST-ZIP  TITLE D TEPLICKI, SARA  STREET ADDRESS CITY-ST-ZIP  TITLE D TEPLICKI, SARA  TEPLICKI, SARA  TEPLICKI, JAIME TEPLICKI, TAIME TEPLICKI, TAIME TEPLICKI, TAIME TEPLICKI, TAIME TEPLICKI, TAIME TE	SIGNATURE .	Signature, typed or printed name of registered agen	t and title if app	licable. (NOTE:	Registered	d Agent signature	required whe	n reinstating)	DATE			
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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 changed, or on an attachment with an address, with all other like empowered.

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

NAME

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

☐ Delete

☐ Delete

☐ Change

Change

☐ Addition

☐ Addition