

2003

FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000092228

## 1. Entity Name

S &amp; S International Services, Inc.

DO NOT WRITE IN THIS SPACE

## 2. Principal Place of Business

962 N.W. 106th Ave. Cir.

Suite, Apt. #, etc.

## 3. Mailing Address

10008 W. Flagler St.

Suite, Apt. #, etc.

04-24-2003 90215 029 \*\*\*150.00

## City &amp; State

Miami, FL

## City &amp; State

Miami, FL

Zip  
33172Country  
USAZip  
33174-1828 Country  
USA

## 4. FEI Number

65-1141865

## Applied For

Not Applicable

## 5. Certificate of Status Desired

 \$8.75 Additional  
Fee Required

## 7. Name and Address of Current Registered Agent

Name  
Sanchez, Audie R.Street Address (P.O. Box Number is Not Acceptable)  
962 N.W. 106th Ave. Cir.City  
MiamiFL Zip Code  
33172

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. \$5.00 May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIPTITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

DO NOT WRITE IN THIS SPACE

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

SIGNATURE:

Audie R. Sanchez

Audie R. Sanchez

305-480-4846

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #