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

## DOCUMENT #

P01000102837

1. Entity Name

S&G IMPORTERS INC.



## **FILED** Sep 08, 2003 8:00 am Secretary of State

09-08-2003 90144 050 \*\*\*550.00

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Principal Plac 8981 SW 122 #1009 MIAMI FL 331	PLACE	Mailing Address 8981 SW 122 PLACE #1009 MIAMI FL 33186							
2. Principal P	2. Principal Place of Business 3. Mailing Address					1604)601      0010)       601)	<b>10</b> 11) <b>03</b> 14) 11 <b>8</b> 1) 0	0110 11091 1110	6 SINIS IBBI 1880
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				☐ CHECK HER	E IF MAKING	CHANGES	i
City & State	e	City & State				4. FEI Number 65-114737	7	<del>                                      </del>	pplied For ot Applicable
Zip	Country	Zip	Coun	try		5. Certificate of Status Desired		\$8.75 Ad Fee Rèquire	ditional ed
	6. Name and Address of Current	Registered Agent				7. Name and Address of New			
				Name		*			
VALDES, S 12575 SW				Street Ad	dress (F	O. Box Number is Not Acceptat	ole)		
MIAMI FL	33196								
¥i				City			FL	Zip Coc	le
the obligati	named entity submits this statement for ions of registered agent.		registere	ed office or i	egistere	ed agent, or both, in the State of I	Florida i am f	amiliar with,	and accept
0.0	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registere	d Agent signatur	s required v	when reinstating)	DATE		
After Se	ILE NOW!!! FEE IS \$550.00 ptember 10, 2003 Fee will be \$750 Payable to Florida Department o	f State				9. Election Campaign I Trust Fund Contribut	~ ~		00 May Be d to Fees
10.	OFFICERS AND	DIRECTORS	11.			ADDITIONS/CHANGES TO O	FFICERS AND	DIRECTOR	S IN 11
TITLE " NAME STREET ADDRESS CITY-ST-ZIP	PD VALDES, SERGIO 12575 SW 34 ST MIAMI FL 33175	☐ Delete	1			111		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD QUINTANILLA, NELSON 16565 SW 90 ST MIAMI FL 33196	☐ Delete		ET ADDRESS	VD Quin 8981 Miam	Tanilla Nelson Sw 122 PL # 1009		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		- Delete		1	-			Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	•					☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	•	L.	<b></b>			Change	Addition

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.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

30*5 799-0*932