

2002 UNIFORM BUSINESS REPORT (UBR)

0074992 AV

DOCUMENT # P01000115753

1. Entity Name
SRSPB, INC.

FILED

02 JUL 31 AM 8:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
400 27 ST
W PALM BCH FL 33407

Mailing Address
400 27 ST
W PALM BCH FL 33407



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Palm Beach, FL
Suite, Apt. #, etc.

3. Mailing Address
400 27th St
Suite, Apt. #, etc.

City & State
West Palm Bch. FL

Zip
33407

Country
Palm Bch.

4. FEI Number
22-3850242

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
SALADRIGAS, SANDRA
400 27 ST
W PALM BCH FL 33407

7. Name and Address of New Registered Agent
Name: Raphael Saladrigas
Street Address (P.O. Box Number is Not Acceptable): 400 27th St
West Palm Bch. FL 33407
City: FL Zip Code: 33407

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: *Simon Saladrigas* DATE: 7-18-02

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☒
(See criteria on back)

FILE NOW!!! FEE IS \$550.00
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Raphael Saladrigas 400 27th St, W.P.B., FL 33407	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	7000006972957-5 -08/08/02--01038--017 *****150.00 *****150.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 12 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE: *Simon Saladrigas* **7-18-02**

CR2E034 (4/02)

Attachment PO1000115753

DEPARTMENT OF STATE
SECRETARY OF STATE
KATHERINE HARRIS
DIVISION OF CORPORATIONS

July 18, 2002

Dear Madam/Sir:

I have just recently received your late notice. This is the first any time information was delivered to my address. My home is a new home, on a corner of two streets, and there was no address originally assigned to my property. We have had intermittent problems with our mail service because of this. We have had a few changes with mailmen recently and it may be possible we got lost in the shuffle. Your notice is not the first that did not make it to my mailbox.

I called your office to see if I could speak with someone about this and have the late fee waived. I was told to write a letter of the situation and the late fee would be waived. Enclosed is a \$150.00 check for my filing. Please accept my apologies for the confusion.

Sincerely,


Sandra Saladrigas

U.S. DEPARTMENT OF STATE
OFFICE OF THE SECRETARY OF STATE
DIVISION OF CORPORATIONS
WASHINGTON, D.C. 20520-1200
TELEPHONE: (202) 693-1500
FAX: (202) 693-1501
E-MAIL: corporate@state.gov