2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P01000115753

1. Entity Name SRSPB, INC.



FILED Mar 05, 2003 8:00 am § Secretary of State 03-05-2003 90060 030 ***150.00

			S. T. T.	/		
Principal Place of Business 400 27 ST W PALM BCH FL 33407		Mailing Address 400 27 ST W PALM BCH FL 334	707	1 1881	180 4 000 1 010 0 644 1 20 1	
2. Principal F	Place of Business	3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHAI	NGES	
City & State		City & State		4. FEI Number 22-3850242 Applied For		
Zip Country		Zíp	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			<u> </u>	· · · · · · · · · · · · · · · · · · ·		
		dirent neglatered Agent	Ninna	7. Name and Address of New Registered Agent		
SALADRIC 400 27 S	GAS, SANDRA	والمعتبية والمحيسين الرائي	Name "Street Addres	Street Address (P.O. Box Number is Not Acceptable)		
	BCH FL 33407					
			City	ſĿ,	p Code	
8 The above the obligat	named entity submits this state tions of registered agent.	ment for the purpose of changing	its registered office or regis	stered agent, or both, in the State of Florida. I am familian	with, and accept	
SIGNATURE .	Signature, typed or printed name of register	ed agent and title if applicable. (N	OTE: Registered Agent signature requ	ulred when reinstating) DATE		
After	ILE NOW!!! FEE IS \$150.0 May 1, 2003 Fee will be \$5 Payable to Florida Departm	50.00		9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
10.	* OFFICER	S AND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIREC	CTORC IN 11	
TITLE NAME STREET ADDRESS	VP SALADRIGAS, RAPHAEL 400 27 ST	☐ Delete	TITLE NAME STREET ADDRESS	CH		
CITY-ST-ZIP TITLE	W PALM BCH FL 33407	Delete	CITY-ST-ZIP TITLE			
NAME Street address City-St-Zip		Defete	NAME STREET ADDRESS CITY-ST-ZIP	□ Ch	ange 🗌 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Ch	ange	
TITLE NAME STREET ADDRESS = CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Cha	ange	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Cha	ange Addition	
ITLE VAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	∴ Cha		
i2. I hereby o	ertify that the information supplie	ed with this filing does not qualify t	or the exemption stated in 5	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 accress, with all other like empowered.

SIGNATURE: