

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90773 039 \*\*\*150.00

**DOCUMENT # P01000119608**

1. Entity Name  
**SL GROUP INC.**



Principal Place of Business  
**2150 CORAL WAY 1ST FLOOR  
MIAMI FL 33145**

Mailing Address  
**2150 CORAL WAY 1ST FLOOR  
MIAMI FL 33145**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **02-0531497**

Applied For  
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~AGUIRRE AND ASSOCIATES PA~~  
~~2150 CORAL WAY~~  
~~FIRST FLOOR~~  
~~MIAMI FL 33145~~

Name **The Business Success Group, Inc**  
Street Address (P.O. Box Number is Not Acceptable)  
**2150 Coral Way, 1<sup>st</sup> Floor**  
City **Miami** FL Zip **33145**

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.

MIAMI FL 33145  
SIGNATURE *[Signature]* DATE **4/22/03**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>DUNKIN, SCOTT</b>
STREET ADDRESS	<b>2150 CORAL WAY 1ST FLOOR</b>
CITY-ST-ZIP	<b>MIAMI FL 33145</b>
TITLE	<input type="checkbox"/> Delete
NAME	<b>AGUIRRE AND ASSOCIATES PA</b>
STREET ADDRESS	<b>2150 CORAL WAY</b>
CITY-ST-ZIP	<b>MIAMI FL 33145</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	<b>D</b>
STREET ADDRESS	<b>2150 CORAL WAY 1ST FLOOR</b>
CITY-ST-ZIP	<b>MIAMI FL 33145</b>

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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.

**SIGNATURE: X** **SIGNATURE**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

*4/26/03*

0250308 AV  
CR2E034 (10/02)