FILED
Mar 07, 2003 8:00 am
Secretary of State
03-07-2003 90118 027 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000028049

1. Entity Name
S & S CONSULTANTS INC

Principal Place of Business	Mailing Address
14100 NW 77TH AVE, SUITE 109 MIAMI LAKES, FL 33014	14100 NW 77TH AVE, SUITE 109 MIAMI LAKES, FL 33014

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
15165 NW 77 Ave #2016	15165 NW 77 Ave
Suite, Apt. #, etc.: # 2016	Suite, Apt. #, etc.: # 2016
City & State: Miami Lakes FL	City & State: Miami Lakes FL
Zip: 33014 Country: US	Zip: 33014 Country: US

4. FEI Number: 030461035 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GARCIA, MARLENE 14100 NW 77TH AVE #109 MIAMI LAKES, FL 33016	Name: Street Address (P.O. Box Number is Not Acceptable): 15165 NW 77 Ave # 2016 City: Miami Lakes FL Zip Code: 33014

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: Marlene Garcia 3/5/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 NAME STREET ADDRESS CITY-ST-ZIP	P GARCIA, MARLENE 15165 NW 77TH AVE #2012 MIAMI LAKES, FL 33014 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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: Marlene Garcia 3/5/03 3058238434
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #