

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

0170621 AV

04-30-2003 90129 005 ***150.00

DOCUMENT # P02000063972

1. Entity Name
S & B - WAY, INC.



Principal Place of Business
**500 CYPRESS POINT DRIVE WEST
PEMBROKE PINES FL 33027**

Mailing Address
**500 CYPRESS POINT DRIVE WEST
PEMBROKE PINES FL 33027**



2. Principal Place of Business

3. Mailing Address

9655 W. Broward Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

City & State
Plantation, FL

4. FEI Number

71-0889092

Applied For

Not Applicable

Zip

Country

Zip
33324

Country

USA

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

**SCHNEIDER, HARVEY ESQ.
1900 NW CORPORATE BLVD
SUITE 301 WEST
BOCA RATON FL 33431**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 _____ (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	D <input type="checkbox"/> Delete
NAME	BLATTMAN, STEPHEN
STREET ADDRESS	500 CYPRESS POINT DRIVE WEST
CITY-ST-ZIP	PEMBROKE PINES FL 33027
TITLE	D <input type="checkbox"/> Delete
NAME	SERABIAN, CHARLES
STREET ADDRESS	11950 NW 6 STREET
CITY-ST-ZIP	PLANTATION FL 33325
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
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STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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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: **S. Blattman** **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-14-03
Date

9544424924
Daytime Phone #

CR2E034 (10/02)