2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

5/1/

FILED
May 27, 2003 8:00 am
Secretary of State
05-01-2003 90414 040 ***150.00

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DOCUMENT # P02000105152

1. Entity Name
S CUBED HOLDINGS GP, INC.

Principal Place of Business
8151 PETERS ROAD STE 3300
PLANTATION FL 33324

Mailing Address
8151 PETERS ROAD STE 3300
PLANTATION FL 33324

2. Principal Place of Business: 1200 S. Pine Island Rd.
Suite, Apt. #, etc.: Suite #200
City & State: Plantation, FL
Zip: 33324 Country: USA

3. Mailing Address: 1200 S. Pine Island Rd.
Suite, Apt. #, etc.: Suite #200
City & State: Plantation, FL
Zip: 33324 Country: USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 51-0428311 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
MONDRE, RICHARD D
8151 PETERS ROAD STE 3300
PLANTATION FL 33324

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
1200 S. Pine Island Road ste#200
City: Plantation FL Zip Code: 33324

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

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	D STUDNIK, STACY 8151 PETERS ROAD STE 3300 PLANTATION FL 33324 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 1200 S. Pine Island Road. Suite #200 Plantation, FL 33324
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: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #