

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P11421

1. Entity Name

THE SAVINGS GROUP, INC.

FILED

00 MAR 14 PM 4:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
~~3700 W. Cypress Creek Rd.~~
~~6436 NW 5TH WAY~~
FT LAUDERDALE FL 33309
US

Mailing Address
~~3700 W. Cypress Creek Rd.~~
~~6436 NW 5TH WAY~~
~~STE 101~~
FT LAUDERDALE FL 33309-6112
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

36-3444915

Applied For

Not Applicable

Zip

Country

Zip

Country

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

OPPER, RONALD, B
~~6436 NW 5TH WAY~~ 2700 W. Cypress Creek Rd.
~~SUITE 209~~ SUITE D-123
FT LAUDERDALE FL 33309

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME OPFER, RONALD B.
STREET ADDRESS ~~6436 NW 5TH WAY~~ 2700 W. Cypress Creek Rd.
CITY-ST-ZIP FT LAUDERDALE FL 33309 SUITE D-123

TITLE ☐ Change ☐ Addition
NAME 900003178939-4
STREET ADDRESS -03/22/00--01006--024
CITY-ST-ZIP ****450.00 ****150.00

TITLE VD ☐ Delete
NAME ISAACSON, GAIL
STREET ADDRESS ~~6436 NW 5TH WAY~~ 2700 W. Cypress Creek Rd.
CITY-ST-ZIP FT LAUDERDALE FL 33309 SUITE D-123

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 of 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-9-2000

Date

954-236-6588

Daytime Phone #

CR2E034 (9/99)