

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P11421**

1. Entity Name

THE SAVINGS GROUP, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 MAR 19 PM 3:56

Principal Place of Business

2700 W. CYPRESS CREEK RD
SUITE D-123
FT LAUDERDALE FL 33309
US

Mailing Address

2700 W. CYPRESS CREEK RD
SUITE D-123
FT LAUDERDALE FL 33309
US

2. Principal Place of Business

6192 VIA VENETIA NORTH
Suite, Apt. #, etc.

3. Mailing Address

6192 VIA VENETIA NORTH
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

DELRAY BEACH, FL

City & State

DELRAY BEACH, FL

4. FEI Number

36-3444915

Applied For

Not Applicable

Zip

33484

Country

U.S.A

Zip

33484

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

OPPER, RONALD, B
2700 W. CYPRESS CREEK RD
SUITE D-123
FT LAUDERDALE FL 33309

7. Name and Address of New Registered Agent

Name **RONALD B. OPFER**
Street Address (P.O. Box Number is Not Acceptable)
6192 VIA VENETIA NORTH
City **DELRAY BEACH** FL Zip Code **33484**

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

Ronald B. Oppen

3/11/02

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, 2002 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

TITLE **PD** ☐ Delete
NAME **OPPER, RONALD B.**
STREET ADDRESS **2700 W. CYPRESS CREEK RD, SUITE D-123**
CITY-ST-ZIP **FT LAUDERDALE FL 33309**

TITLE **VD** ☐ Delete
NAME **ISAACSON, GAIL**
STREET ADDRESS **2700 W. CYPRESS CREEK RD, SUITE D-123**
CITY-ST-ZIP **FT LAUDERDALE FL 33309**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
900005134649--3
-03/19/02--01047--040
******291.25 ****150.00**

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
3/20

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

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/11/02

CR2E034 (9/01)