

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000052441 (1)**

1. Corporation Name

SERVICES UNLIMITED OF MIAMI, INC

Principal Place of Business

Mailing Address

**250 CATALONIA AVE
SUITE 503
CORAL GABLES FL 33134**

**250 CATALONIA AVE
SUITE 503
CORAL GABLES FL 33134**



2. Principal Place of Business

2a. Mailing Address

21 **12311 SW 133 CT**

26 **12311 SW 133 CT**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **MIAMI FL**

27 **MIAMI, FL**

City & State

City & State

23 **33186 USA**

28 **33186 USA**

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

07/27/1993

3a. Date of Last Report

06/08/1995

4. FEI Number

65-0403787

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

**DAVIDE, SALVATORE
5615 SHERIDAN ST
HOLLYWOOD FL 33021**

81 Name **STEVE CUSIMANO**

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

12311 SW 133 CT

83 ~~XXXXXXXXXX~~

84 City **MIAMI**

FL

85 Zip Code **33186**

11. Pursuant to the provisions of Sections 607.0602 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Sections 607.0605, Florida Statutes.

SIGNATURE

[Signature]

5/20/96

DATE

12. OFFICERS AND DIRECTORS

TITLE	PO	☒ DELETE
NAME	CUSIMANO, SANDRA	
STREET ADDRESS	250 CATALONIA AVE SUITE 503	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	PRESIDENT	☐ DELETE
NAME	ROBERT WEIDENBAUM	
STREET ADDRESS	12311 SW 133 CT	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	VICE PRESIDENT	☐ DELETE
NAME	KEVIN GOOD	
STREET ADDRESS	12311 SW 133 CT	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	SECRETARY & TREASURER	☐ DELETE
NAME	STEVE CUSIMANO	
STREET ADDRESS	12311 SW 133 CT	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☒ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☒ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☒ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 I am also empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, unchanged, or on an amendment with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/20/96

305-232-7444

CR2E034 (12/95)