

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000019018

1. Entity Name

SIGNAL SERVICE INDUSTRIES, INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90156 039 ***158.75

00004462



DO NOT WRITE IN THIS SPACE

Principal Place of Business 13620 SW 78TH PLACE MIAMI FL 33158-1114	Mailing Address 13620 SW 78TH PLACE MIAMI FL 33196-5664
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2. Principal Place of Business 14790 S.W. 137 Street Suite, Apt. #, etc.	3. Mailing Address 14790 S.W. 137 Street Suite, Apt. #, etc.
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City & State Miami, FL	City & State Miami, FL	4. FEI Number 65-0473635	Applied For Not Applicable
Zip 33186	Country USA	Zip 33186	Country USA

5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ROBBINS, PATRICIA A 13620 SW 78TH PLACE MIAMI FL 33158-1114	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (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) <input checked="" type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D ROBBINS, PATRICIA 13620 SW 78TH PLACE MIAMI FL 33158-1114	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: PATRICIA A ROBBINS Resident 1/5/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 36254-1

CR2E034 (9/99)