

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000039147

1. Entity Name

SBDG REALTY, INC.

**FILED**  
**May 19, 2000 8:00 am**  
**Secretary of State**

05-19-2000 90028 050 \*\*\*150.00

101412



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
C/O ROBERT RAESSLER  
3025 ROYAL PALM AVENUE  
MIAMI BEACH FL 33140  
US

Mailing Address  
C/O MOSHER AND SCHNEIDER, P.A.  
1001 FLAGLER CENTER, 505 SOUTH FLAGLER DR.  
WEST PALM BEACH FL 33401  
US

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip  
Country

3. Mailing Address  
250 Australian Avenue  
Suite, Apt. #, etc.  
1550 Clearlake Centre  
City & State  
West Palm Beach, Florida  
Zip  
33401  
Country  
USA

4. FEI Number 65-0571959  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
SCHNEIDER, JOHN C ESQ.  
MOSHER & SCHNEIDER, P.A.  
1001 FLAGLER CENTER, 505 SOUTH FLAGLER DR.  
WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent  
Name  
Schneider, John C.  
Street Address (P.O. Box Number is Not Acceptable)  
250 Australian Avenue  
1550 Clearlake Centre  
City  
West Palm Beach  
FL  
Zip Code  
33401

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 *John Schneider* 4/27/00  
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                      | P                           | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       | RAESSLER, ROBERT V.         |                                 | NAME  |                                 |                                   |
| STREET ADDRESS             | 3025 ROYAL PALM WAY         |                                 | STREET ADDRESS  |                                 |                                   |
| CITY-ST-ZIP                | MIAMI BEACH FL              |                                 | CITY-ST-ZIP   |                                 |                                   |
| TITLE                      | VPS                         | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       | RAESSLER, R. CHRISTOPHER    |                                 | NAME  |                                 |                                   |
| STREET ADDRESS             | 701 LINCOLN ROAD            |                                 | STREET ADDRESS  |                                 |                                   |
| CITY-ST-ZIP                | MIAMI BEACH FL 33139        |                                 | CITY-ST-ZIP   |                                 |                                   |
| TITLE                      | DT                          | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       | GUZMAN, ANDRES O            |                                 | NAME  |                                 |                                   |
| STREET ADDRESS             | 701 LINCOLN ROAD, SUITE 105 |                                 | STREET ADDRESS  |                                 |                                   |
| CITY-ST-ZIP                | MIAMI BEACH FL 33139        |                                 | CITY-ST-ZIP   |                                 |                                   |
| TITLE                      |                             | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       |                             |                                 | NAME  |                                 |                                   |
| STREET ADDRESS             |                             |                                 | STREET ADDRESS  |                                 |                                   |
| CITY-ST-ZIP                |                             |                                 | CITY-ST-ZIP   |                                 |                                   |
| TITLE                      |                             | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       |                             |                                 | NAME  |                                 |                                   |
| STREET ADDRESS             |                             |                                 | STREET ADDRESS  |                                 |                                   |
| CITY-ST-ZIP                |                             |                                 | CITY-ST-ZIP   |                                 |                                   |
| TITLE                      |                             | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       |                             |                                 | NAME  |                                 |                                   |
| STREET ADDRESS             |                             |                                 | STREET ADDRESS  |                                 |                                   |
| CITY-ST-ZIP                |                             |                                 | 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: *Robert V. Raessler* 4/24/00 305-672-8800  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)