

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 28, 2000 8:00 am**  
**Secretary of State**  
 03-28-2000 90068 011 \*\*\*150.00

**DOCUMENT # P94000060636**

1. Entity Name

**SBS MANAGEMENT, INC.**

Principal Place of Business

7384 SW 9TH CT.  
 PLANTATION FL

Mailing Address

1800 N PINE ISLAND ROAD  
 PLANTATION FL 33322-5202  
 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

**65-0599290**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**JONES, KENNETH M**  
**1333 S. UNIVERSITY DR.**  
**SUITE 201**  
**PLANTATION FL 33324**

7. Name and Address of New Registered Agent

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

TITLE	DPS	<input type="checkbox"/> Delete
NAME	SADOWSKI, PAUL	
STREET ADDRESS	7384 SW 9TH CT.	
CITY-ST-ZIP	PLANTATION FL	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	SADOWSKI, SCOTT	
STREET ADDRESS	7384 SW 9 CT.	
CITY-ST-ZIP	PLANTATION FL	
TITLE	SADOWSKI, JUDITH	<input type="checkbox"/> Delete
NAME	JUDITH SADOWSKI	
STREET ADDRESS	7384 SW 9 CT	
CITY-ST-ZIP	PLANTATION, FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	STD SADOWSKI JUDITH	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JUDITH SADOWSKI	
STREET ADDRESS	7384 S.W. 9th CT	
CITY-ST-ZIP	Plantation, FL	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRIDEN SADOWSKI	
STREET ADDRESS	3384 S.W. 9th CT	
CITY-ST-ZIP	Plantation FL 33317	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

*Paul Sadowski*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-22-00

Date

954 924 0230

Daytime Phone #