

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90002 037 ***150.00

DOCUMENT # P94000063337

1. Entity Name

S & G IMPORTS, INC.

Principal Place of Business

Mailing Address

~~10001 AQUA VISTA WAY~~
~~BOCA RATON FL 33420~~

~~10001 AQUA VISTA WAY~~
~~BOCA RATON FL 33420~~

9906 ROYAL PALM BLVD
CORAL SPRINGS FL 33065

9906 ROYAL PALM BLVD
CORAL SPRINGS FL 33065

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0519036

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHWARTZ, SHUKY

~~10001 AQUA VISTA WAY~~
~~BOCA RATON FL 33420~~

9906 ROYAL PALM BLVD
CORAL SPRINGS FL 33065

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, 2001 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 PDVD
NAME SCHWARTZ, SHUKY
STREET ADDRESS ~~10001 AQUA VISTA WAY~~ 9906 ROYAL PALM BLVD
CITY-ST-ZIP ~~BOCA RATON FL 33420~~ CORAL SPRINGS FL 33065

TITLE
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SCHWARTZ SHUKY

Date

Daytime Phone #

2/5/01

954-796 6579

CR2E034 (10/00)