

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000029051

1. Entity Name

SPG, INC.

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90092 010 ***150.00

Principal Place of Business 15505 BULL RUN ROAD SUITE 303 MIAMI LAKES FL 33014	Mailing Address 6170 NW 173RD ST 425 MIAMI FL 33015-4554
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1150 COLLINS AVE Suite, Apt. #, etc. #501	3. Mailing Address 1150 COLLINS AVE Suite, Apt. #, etc. #501
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City & State MIAMI BEACH FL	City & State MIAMI BEACH FL	4. FEI Number 65-0577521	Applied For Not Applicable
Zip 33139	Country DADE	Zip 33139	Country DADE

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BARBAKOFF, MARC L 2450 N.E. MIAMI GARDENS DR. MIAMI FL 33180		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)

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 NAME STREET ADDRESS CITY-ST-ZIP	STD SERPICO, ANTHONY J 19030 N.W. 67TH COURT MIAMI FL 33015 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KRAUTHEIM, JOEL 6170 N.W. 173RD ST. #425 1150 COLLINS AVE #501 MIAMI BEACH FL 33139 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: JOEL KRAUTHEIM 4/10/00 305-531-3345
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: JOEL KRAUTHEIM, PRESIDENT, SPG INC.
 Date: 4/10/00 Daytime Phone #: 305-531-3345

CR2E034 (9/99)