

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

Mailing Address

15505 BULL RUN ROAD
SUITE 303
MIAMI LAKES FL 33014

6170 NW 173RD ST
425
MIAMI FL 33015-4554

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#501

#501

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 ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BARBAKOFF, MARC L
2450 N.E. MIAMI GARDENS DR.
MIAMI FL 33180

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

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 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
KRAUTHEIM, JOEL
6170 N.W. 173RD ST. #425
MIAMI FL 33015 ☐ Delete
1150 COLLINS AVE #501
MIAMI BEACH FL 33139

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOEL KRAUTHEIM

PRESIDENT

SPG INC.

Date

Daytime Phone #

4/10/00

305-531-3345

CR2E034 (9/99)