

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000063565

1. Entity Name

SWS MANAGEMENT, INC.



FILED

Sep 18, 2000 8:00 am
Secretary of State

09-18-2000 90046 027 ***550.00

Principal Place of Business

111 NE 21ST STREET
MIAMI FL 33137
US

Mailing Address

111 NE 21ST STREET
MIAMI FL 33137
US

2. Principal Place of Business

2724 N.W. 29TH TER. 2724 NW. 29th TER

3. Mailing Address

2724 NW. 29th TER

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FT. LAUDERDALE, FL

City & State

FT. LAUDERDALE, FL

Zip 33311

Country U.S.

Zip 33311

Country U.S.

4. FEI Number

65-0604243

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WALDMAN, GLEN H
% SILVER & WALDMAN, P.A.
800 BRICKELL AVE., SUITE 902
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name: GLEN WALDMAN

Street Address (P.O. Box Number is Not Acceptable)

1401 BRICKELL AVE.

STE 700

City

MIAMI

FL

Zip Code

33131

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 \$550.00

After SEPTEMBER 13, 2000 Min. will be \$750.00

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 D
NAME SEGEN, SCOTT
STREET ADDRESS 111 NE 21ST STREET
CITY-ST-ZIP MIAMI FL

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRESIDENT
NAME SEGEN, SCOTT
STREET ADDRESS 2724 NW 29th TER
CITY-ST-ZIP FT. LAUDERDALE, FL 33311

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
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:

SCOTT SEGEN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/12/00

Date

Daytime Phone #