2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # **P95000088846**

FILED May 21, 2001 8:00 am

☐ Change

☐ Addition

1. Entity Nan	ne S -R- US, INC.		ان •		Secretary 0 05-21-2001 90034 02	
Principal Place of Business 1175 N.W. 20TH AVENUE DELRAY BEACH FL 33445		Mailing Address 1175 N.W. 20TH AVENUE DELRAY BEACH FL 33445				
2. Principal Place of Business		3. Mailing Address		-		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		. DO NOT WRITE IN THIS SPACE		
City & State		City & State		4. F	El Number 65-0640899	Applied For Not Applicable
Zip	Country	Zip	Country	5. 0	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		
	·		Name	Name		
1175	ta, mark 5 n.w. 20th avenue Ray Beach Fl. 33445		Street Address	(P.O. B	ox Number is Not Acceptable)	
	•		City		F	Zip Code
Tax filing i	Signature, typed or printed name of registered agent as praction is eligible to satisfy its Intangible requirement and elects to do so.	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of Sta			10. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
11.	OFFICERS AND D	DIRECTORS	12.	ADI	DITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NESTA, MARK 1175 N.W. 20TH AVE. DELRAY BEACH FL 33445	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Shifrin, Harvey % 1175 N.W. 20TH AVE. DELRAY BEACH FL 33445	☐ Celete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	-	- Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change ☐ Addition
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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 cath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute his 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 impowered.

STREET ADDRESS

TITLE

☐ Delete

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP