

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000094010

1. Entity Name

SKBC, INC.

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90131 019 ***150.00

Principal Place of Business

407 LINCOLN ROAD
SUITE 704
MIAMI BEACH FL 33139

Mailing Address

407 LINCOLN ROAD
SUITE 704
MIAMI BEACH FL 33139-3008

900182



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0649220**

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

BELOFF, JONATHAN D
407 LINCOLN ROAD
SUITE 704
MIAMI BEACH FL 33139

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
DP	BELOFF, JONATHAN D		
	407 LINCOLN RD., STE 704		
	MIAMI BEACH FL 33139		
DVP	STERN, LYLE		
	407 LINCOLN RD., STE 704		
	MIAMI BEACH FL 33139		
DS	KONIVER, BRUCE		
	407 LINCOLN RD., STE 704		
	MIAMI BEACH FL 33139		
DT	CIMENT, NORMAN		
	407 LINCOLN RD., STE 704		
	MIAMI BEACH FL 33139		

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

Date

Daytime Phone #

CR2E034 (9/99)