FILED

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: _

DOCUMENT # P96000029926 1. Entity Name SGOT A-BENNETT, CPA, P.A. SAB GALUP, P.A.					Jan 17, 2001 8:00 am Secretary of State 01-17-2001 90005 010 ***150.00			
Principal Place of Business 13899 BISCAYNE BLVD ##89 400		Mailing Address 13899 BISCAYNE BLVD #168 467 NO MIAMI BEACH FL 33181			00003891			
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 65-0678221			ed For applicable
Zip Country		Zip	Country		5. Certificate of Status Desired \$8.75 Additional Fee Required			
	6. Name and Address of Current Re	gistered Agent		7. N	lame and Address of New Reg	istered Agent		
1389: SUITI	NETT, SCOT 9 BISCAYNE BLVD E 188 400 TH MIAMI FL 33181		Street Ac	pet Address (P.O. Box Number is Not Acceptable) The pet Address (P.O. Box Number is Not Acceptable) The pet Address (P.O. Box Number is Not Acceptable) The pet Address (P.O. Box Number is Not Acceptable)				
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. FILE NO After MAY 1,			E: Registered Agent signature required when the second sec		10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DI PSTD BENNETT, SCOT A 19400 NORTHEAST 19TH AVENUE NO MIAMI BEACH FL 33179	☐ Delete	12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		DITIONS/CHANGES TO OFFICE ONE 22 PLA AMI BEACH, FL	ie 33/1	hange [N 11 Addition Addition
NAME STREET ADDRESS CITY-ST-ZIP		[_] Delete	NAME STREET ADDRESS CITY-ST-ZIP					
NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				hange [Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ c	hange	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			c	hange	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ c	hange	☐ Addition
indicated of the co	Certify that the information supplied with to a continuous the information supplied with to a continuous the report of supplemental report is to provation or the receiver or trustee empore, or on an attachment with an address, with a continuous and address.	rue and accurate and that r vered to execute this report	my signature snail n : as required by Cha	ave me same	Tegal effect as it made under da	ancinacianian	Unicei Oi	1 41100101 1

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Despure Phone #