

AMENDMENT

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000063819

1. Entity Name
SFA CUSTOMERS, INC.

Principal Place of Business
9743 SOUTHWEST 59TH STREET
COOPER CITY FL 33328

Mailing Address
9743 SOUTHWEST 59TH STREET
COOPER CITY FL 33328

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0684692

Applied For
Not Applicable

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

ROSE, PETER A ESQ
2101 NORTH ANDREWS AVENUE
SUITE 200
FORT LAUDERDALE FL 33311

Name Vincent, Arthur Esq.
Street Address (P.O. Box Number is Not Acceptable)
800 East Broward Boulevard
Suite 607
City Fort Lauderdale FL Zip Code 33301

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

Arthur Vincent

Arthur Vincent, Esq.

5/29/02

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, 2002 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 PD
NAME ANDERSON, STEPHEN F
STREET ADDRESS 9743 SOUTHWEST 59TH STREET
CITY-ST-ZIP COOPER CITY FL 33328 ☐ Delete

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

TITLE STD
NAME ANDERSON, JULIE
STREET ADDRESS 9743 SOUTHWEST 59TH STREET
CITY-ST-ZIP COOPER CITY FL 33328 ☐ Delete

TITLE DIRECTOR
NAME Anderson, Shawn Philp
STREET ADDRESS 9743 S.W. 59 Street
CITY-ST-ZIP Cooper City, FL 33328 ☐ Change ☒ Addition

TITLE
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

TITLE
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

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; and that I am authorized 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 as an authorized agent with an attached power of attorney.

FILED
02 MAY 31 AM 10:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

400005765894--6
-06/13/02--01071--005
*****61.29 Change *****