

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000098421

1. Entity Name

SAMCO MANAGEMENT GROUP, INC.

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90076 010 ***150.00

Principal Place of Business

2102 W. COMMERCIAL BLVD.
STE 2800
FT. LAUDERDALE FL 33309

Mailing Address

2102 W. COMMERCIAL BLVD.
STE 2800
FT. LAUDERDALE FL 33309-3034
US

2. Principal Place of Business

2101 W. Commercial Blvd.
Ste. 2800

3. Mailing Address

2101 W. Commercial Blvd.
Ste. 2800

City & State

Ft. Lauderdale Fl.

City & State

Ft. Lauderdale Fl.

Zip

33309

Country

US

Zip

33309

Country

US

4. FEI Number

65-0719485

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BONNCE, LARRY
100 SE 2ND ST
34TH FLOOR
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name: Bonner, LARRY
Street Address (P.O. Box Number is Not Acceptable):
100 SE 2nd St.
34th floor
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 \$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

TITLE: P
NAME: GOLDMAN, SAM J
STREET ADDRESS: 2101 W. COMMERCIAL BLVD. #2800
CITY-ST-ZIP: FT. LAUDERDALE FL 33309 ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

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NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
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TITLE: ☐ Delete
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STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-00 954-777-3101

Date

Daytime Phone #

CR2E034 (9/99)