

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000002015

1. Entity Name

SOUTHERN BUTTON INDUSTRIES, INC.

Principal Place of Business

Mailing Address

6714 WHITE DR.
WESTROADS IND'L PARK
~~WEST PALM BEACH FL 33410-0210~~
US *Riviera Beach FL 33607.*

C/O PASTORE 50 BROAD ST
SUITE 537
NEW YORK NY 10004

2. Principal Place of Business

3. Mailing Address

c/o Pastore 50 Broad St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 808

City & State

City & State

New York, NY 10004

Zip

Country

Zip

Country

4. FEI Number

13-3993602

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CIKLIN, ALAN J
515 N. FLAGLER DR., #1700
WEST PALM BEACH FL 33401

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
PASTORE, RALPH
50 BROAD STREET., STE 537
NEW YORK NY 10004 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
~~PASTORE, RALPH~~
~~50 BROAD ST., STE 537~~
~~NEW YORK, NY 10004~~ ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
DAVID TAYLOR
6714 White Drive.
Riviera Beach FL 33607 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
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☐ 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 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

DAVID TAYLOR

1/21/00

561-881-7778

Date

Daytime Phone #