

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90439 049 ***150.00

DOCUMENT # P97000067358

1. Entity Name
SRS PROPERTIES, INC.

Principal Place of Business
407 SE 9 ST
#101
FT LAUDERDALE FL 33316

Mailing Address
407 SE 9 ST
#101
FT LAUDERDALE FL 33316

2. Principal Place of Business
500 SE 15 Street #108

3. Mailing Address
500 SE 15 Street #108

Suite, Apt. #, etc.
#108

Suite, Apt. #, etc.
#108

City & State
Ft. Lauderdale, FL

City & State
Ft. Lauderdale, FL

Zip
33316

Country
US

Zip
33316

Country
US

4. FEI Number
65-0784977

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

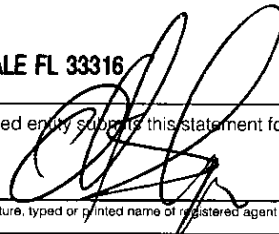
6. Name and Address of Current Registered Agent

SHARPE, ORLANDO
407 SE 9 ST
STE 101
FT LAUDERDALE FL 33316

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
500 SE 15 Street
Ste 108
 City
Ft. Lauderdale **FL** Zip Code
33316

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  DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE **D** ☐ Delete
 NAME **SHARPE, ORLANDO**
 STREET ADDRESS **407 SE 9 ST -STE 101**
 CITY-ST-ZIP **FT LAUDERDALE FL 33316**

TITLE **D** ☐ Delete
 NAME **SCHOPP, DAVID**
 STREET ADDRESS **407 SE 9 ST -STE 101**
 CITY-ST-ZIP **FT LAUDERDALE FL 33316**

TITLE **D** ☐ Delete
 NAME **RIESCO, JUAN**
 STREET ADDRESS **407 SE 9 ST -STE 101**
 CITY-ST-ZIP **FT LAUDERDALE FL 33316**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **500 SE 15 St Ste 108**
 CITY-ST-ZIP **Ft Lauderdale, FL 33316**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **500 SE 15 ST Ste 108**
 CITY-ST-ZIP **Ft. Lauderdale, FL 33316**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **500 SE 15 St Ste 108**
 CITY-ST-ZIP **Ft Lauderdale, FL 33316**

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

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

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

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 #

20020327 AV

CR2E034 (9/01)