

07-28-2003 90143 015 \*\*\*150.00  
09-10-2003 90060 004 \*\*\*550.00

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P98000008552

1. Entity Name  
THREE S HOLDINGS, INC.



00140137

Principal Place of Business  
3100 NORTH OCEAN BLVD.  
SUITE 2110  
FORT LAUDERDALE, FL 33308

Mailing Address  
3100 NORTH OCEAN BLVD.  
SUITE 2110  
FORT LAUDERDALE, FL 33308

2. Principal Place of Business

3. Mailing Address



CHECK HERE IF MAKING CHANGES

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
65-0810373

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

WORLDWIDE CORPORATE SERVICES, INC.  
2780 E. OAKLAND PARK BLVD.  
FORT LAUDERDALE, FL 33308

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when necessary)

DATE

9. Election Campaign Financing  
Trust Fund Contribution.  \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSD  
NAME SHAPIRO, SUELLEN  Delete  
STREET ADDRESS 3100 NORTH OCEAN BLVD., STE. 2110  
CITY-ST-ZIP FORT LAUDERDALE, FL 33308

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE AS  
NAME SHAPIRO, SAMUEL  Delete  
STREET ADDRESS 3100 N. OCEAN BLVD., SUITE 2110  
CITY-ST-ZIP FORT LAUDERDALE, FL 33308

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE T  
NAME SHAPIRO, SETH  Delete  
STREET ADDRESS 3100 N. OCEAN BLVD., SUITE 2110  
CITY-ST-ZIP FORT LAUDERDALE, FL 33308

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Suellen Shapiro*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/5/03

954-375-5555

Date

Daytime Phone #

CR2E034 (10/02)