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## **2001 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

## Mar 29, 2001 8:00 am DOCUMENT # P98000015380 **Secretary of State** 1. Entity Name SSKE, INC. 03-29-2001 90365 016 \*\*\*150.00 Principal Place of Business Mailing Address 9299 VISTA DEL LAGO 9299 VISTA DEL LAGO 104400 SUITE 16D SUITE 16D **BOCA RATON FL 33428 BOCA RATON FL 33428** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0818362 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BERNSTEIN, MARTIN Street Address (P.O. Box Number is Not Acceptable) 9299 VISTA DEL RIO STE 16D **BOCA RATON FL 33428** Zip Code 8. The above named entity subgroup this statement for the ourpose of changing its registered office or registered agent, or both, in the State of Florida. Signature types or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete ☐ Change Addition TITLE TITLE BERNSTEIN, SONDRA NAME NAME STREET ADDRESS STREET ADDRESS 9299 VISTA DEL'LAGO CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33428** TITLE Change ☐ Addition TITLE ☐ Delete BERNSTEIN, MARTIN NAME NAME STREET ADDRESS STREET ADDRESS 9299 VISTA DEL LAGO CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33428** ☐ Addition Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 7 CITY-ST-ZIP TITLE ☐ Defete TITLE Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IF 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.