

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000035540

1. Entity Name

S & S FINANCIAL GROUP, INC.

FILED
Mar 17, 2000 8:00 am
Secretary of State

03-17-2000 90029 038 ***150.00

Principal Place of Business

Mailing Address

999 PONCE DE LEON BLVD.
SUITE 1110
CORAL GABLES FL 33134

999 PONCE DE LEON BLVD.
SUITE 1110
CORAL GABLES FL 33134-3047

2. Principal Place of Business

3. Mailing Address

S & S FINANCIAL GROUP, INC.

11130 N KENDALL DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

11130 N KENDALL DRIVE #202

SUITE #202

City & State

City & State

MIAMI, FLORIDA

MIAMI, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0828992

Applied For

Not Applicable

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

SOCORRO, ALFREDO
999 PONCE DE LEON BLVD.
SUITE 1110
CORAL GABLES FL 33134

Name

CARLOS A. TRIAY

Street Address (P.O. Box Number is Not Acceptable)

999 PONCE DE LEON BLVD.

SUITE 1110

City

CORAL GABLES

FL

Zip Code
33134

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 PSD ☐ Delete
NAME SOCORRO, ALFREDO
STREET ADDRESS 999 PONCE DE LEON BLVD.
CITY-ST-ZIP CORAL GABLES FL 33134

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

TITLE VTD ☐ Delete
NAME SALGUEIRO, MIGUEL JR.
STREET ADDRESS 999 PONCE DE LEON BLVD.
CITY-ST-ZIP CORAL GABLES FL 33134

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
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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

2/3/00
Date

(305) 598-9889
Daytime Phone #

CR2F034 (9/99)