

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000044502

1. Entity Name

SF BUSINESS ENTERPRISES, INC.

FILED

Jan 22, 2000 8:00 am
Secretary of State

01-22-2000 90011 021 ***150.00

Principal Place of Business

Mailing Address

1212 CAMELLIA LANE
WESTON FL 33326

1212 CAMELLIA LANE
WESTON FL 33327-1426

2. Principal Place of Business

3. Mailing Address

2490 Eagle Run Dr
Suite, Apt. #, etc.

2490 Eagle Run Dr
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Weston FL

City & State
Weston FL

4. FEI Number 65-0834242

Applied For
Not Applicable

Zip 33327 Country Broward

Zip 33327 Country Broward

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

FRIEDBERG, SHELLEY P
1212 CAMELLIA LANE
WESTON FL 33326

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 D
NAME FRIEDBERG, SHELLEY P
STREET ADDRESS 1212 CAMELLIA LANE
CITY-ST-ZIP WESTON FL 33326 ☐ Delete

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

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/00 9545654991
Date Daytime Phone #

CF 21:034 19/99