

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000047532**

1. Entity Name

S G OF SOUTH FLORIDA, INC.**FILED****May 02, 2001 8:00 am**
Secretary of State

05-02-2001 90074 005 ***150.00

Principal Place of Business

**5000 BLUE LAKE DR
SUITE 150
BOCA RATON FL 33431**

Mailing Address

**5000 BLUE LAKE DR
SUITE 150
BOCA RATON FL 33431****00044001**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5000 T-Rex Ave.

Suite, Apt. #, etc.

Ste. 150

3. Mailing Address

5000 T-Rex Ave.

Suite, Apt. #, etc.

Ste. 150

City & State

Boca Raton FL

City & State

Boca Raton FL

4. FEI Number

65-0842434

Applied For

Not Applicable

Zip

33431

Country

Zip

33431

Country

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

6. Name and Address of Current Registered Agent

**KIRSCHNER, MITHCELL B
1800 CORPORATE BLVD NW STE 300
BOCA RATON FL 33431**

7. Name and Address of New Registered Agent

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> Delete
NAME	SIEGEL, NED L	
STREET ADDRESS	5000 BLUE LAKE DR., S-150	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	GRUNDT, BRUCE S	
STREET ADDRESS	5000 BLUE LAKE DR., S-150	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	5000 T-Rex Ave. Ste. 150
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	5000 T-Rex Ave. Ste. 150
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 #

CR2E034 (10/00)