

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

May 22, 2000 8:00 am
Secretary of State

05-22-2000 90061 029 ***150.00

DOCUMENT # P98000069552

1. Entity Name

S.A.B. SUPPLY, INC.

Principal Place of Business

**20681 NE 4TH PLACE
#103
NORTH MIAMI BEACH FL 33179**

Mailing Address

**20681 NE 4TH PLACE
#103
NORTH MIAMI BEACH FL 33179-1867**

2. Principal Place of Business

**3600 SW State Rd 7
Suite, Apt. #, etc.
205**

3. Mailing Address

**3600 SW State Rd 7
Suite, Apt. #, etc.
205**

City & State

MIRAMAR FL

City & State

MIRAMAR FL

Zip

33023 USA

Zip

33023 USA

4. FEI Number

65-0875493

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BEAUBOEUF, ANNA M. LAUDUN
20681 NE 4TH PLACE #103
NORTH MIAMI BEACH FL 33179**

7. Name and Address of New Registered Agent

Name **Beauboeuf, Anna M. LAUDUN**
Street Address (P.O. Box Number is Not Acceptable)
3600 SW State Rd 7 # 205
City **MIRAMAR** FL Zip Code **33023**

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

Anna M. Laudun
Signature, typed or printed name of registered agent and title if applicable.

Anna Minouchka L. Beauboeuf
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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	BEAUBOEUF, ANNA M. LAUDUN	
STREET ADDRESS	20681 NE 4TH PLACE #103	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33179	
TITLE	V	<input type="checkbox"/> Delete
NAME	BEAUBOEUF, SEYMOUR	
STREET ADDRESS	20681 NE 4TH PLACE #103	
CITY-ST-ZIP	N. MIAMI BCH FL 33179	
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	PRESIDENT	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Denise, RAGUL	
STREET ADDRESS	3600 SW State Rd 7 # 205	
CITY-ST-ZIP	MIRAMAR FL 33023	
TITLE	Vice PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Beauboeuf, Seymour	
STREET ADDRESS	3600 SW State Rd 7 # 205	
CITY-ST-ZIP	MIRAMAR FL 33023	
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Beauboeuf, Anna M. LAUDUN	
STREET ADDRESS	3600 SW State Rd 7 # 205	
CITY-ST-ZIP	MIRAMAR FL 33023	
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

Anna M. Laudun

4/19/00

Date

**305-493-0701
954-894-1700**

Daytime Phone #