

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000095672

1. Entity Name

SLMB, INC.

Principal Place of Business

100 SE 2ND ST. 17TH FL  
MIAMI FL 33131

Mailing Address

100 SE 2ND ST. 17TH FL  
MIAMI FL 33131-2158

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0876839

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LICKSTEIN, FRED K  
100 SE 2ND ST. 17TH FL  
MIAMI FL 33131

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, 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 PD  
NAME LICKSTEIN, FRED K  
STREET ADDRESS 100 SE 2ND ST. 17TH FLOOR  
CITY-ST-ZIP MIAMI FL 33131 ☐ Delete

TITLE VSD  
NAME SEMET, BARRY N  
STREET ADDRESS 100 SE 2ND ST. 17TH FLOOR  
CITY-ST-ZIP MIAMI FL 33131 ☐ Delete

TITLE VASD  
NAME GORDON, HOWARD W  
STREET ADDRESS 100 SE 2ND ST. 17TH FLOOR  
CITY-ST-ZIP MIAMI FL 33131 ☐ Delete

TITLE VD  
NAME BEAGER, PAUL S  
STREET ADDRESS 100 SE 2ND ST. 17TH FLOOR  
CITY-ST-ZIP MIAMI FL 33131 ☐ Delete

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE ☒ Change ☐ Addition  
NAME BERGER, PAUL S.  
STREET ADDRESS  
CITY-ST-ZIP

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

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:

*Fred K. Lickstein, Pres*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
FRED K. LICKSTEIN, PRES

3/22/00

305-789-9200

Day

Daytime Phone #



DO NOT WRITE IN THIS SPACE