

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 24, 2000 8:00 am
Secretary of State

07-24-2000 90017 011 ***150.00

DOCUMENT # P98000099960

1. Entity Name

S & F DIVERSIFIED, INC.

f

Principal Place of Business

2161 S.E. HARLOW ST.
 PORT ST. LUCIE FL 34952

Mailing Address

2161 S.E. HARLOW ST.
 PORT ST. LUCIE FL 34952

2. Principal Place of Business

3256 N.W. FEDERAL

3. Mailing Address

Suite, Apt. #, etc.

City & State

JENSEN BEACH FL#

City & State

Zip
34957

Country
MARTIN

Zip

Country

4. FEI Number

65-0874225

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

IBRAHIM, SAMEER
2161 S.E. HARLOW ST.
PORT ST. LUCIE FL 34952

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 **DP** ☐ Delete
 NAME **IBRAHIM, FAROUK**
 STREET ADDRESS **955 53RD. ST., E.**
 CITY-ST-ZIP **BRADENTON FL 34208**

TITLE **DST** ☐ Delete
 NAME **IBRAHIM, SAMEER**
 STREET ADDRESS **2161 S.E. HARLOW ST.**
 CITY-ST-ZIP **PORT ST. LUCIE FL 34952**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 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

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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:

SAMEER F IBRAHIM
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SAMEER F IBRAHIM
 Date

7-10-00
 Daytime Phone #

561-692-9468

CR2E034 (5/00)

Attachment

Doc # P98000099960
DD73933

TO : FLORIDA DEPARTMENT OF STATE

DIVISION of CORPORATIONS

DATE 07-10-2000

TO WHOM IT MAY CONCERN:

THIS TO INFORM YOU AT THE DIVISION OF CORPORATIONS
THAT I (S & F DIVERSIFIED) DID NOT RESEVED FIRST NOTICE OF THE
2000 UNIFORM BUSINESS REPORT. AND I FEEL THAT I SHOULD NOT
HAVE TO PAY \$550.00 US DOLLARS. THAT I SHOULD ONLY PAY THE
ORAGINAL PAYMENT OF \$150.00 US DOLLARS. SO I AM ENCLOSING
A CHECK FOR THE AMOUNT OF \$150.00 US DOLLARS .

THANK YOU..

DST. SAMEER IBRAHIM

