

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000000201

1. Entity Name
SFA2000, INC.

FILED
Sep 14, 2000 8:00 am
Secretary of State

09-14-2000 90007 032 ***558.75

Principal Place of Business
241 NORTHEAST 26TH STREET
POMPANO BEACH FL 33064-3863

Mailing Address
241 NORTHEAST 26TH STREET
POMPANO BEACH FL 33064-3863

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0884055

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SPIEGWL & ITRERA, P.A. +
214 NORTHEAST 26TH STREET
POMPANO BEACH FL 33064-3863

Name Spiegel & Itrera P.A.

Street Address (P.O. Box Number is Not Acceptable)
241 NE 26th St.

City Pompano Beach FL Zip Code 33064-3863

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME CORTEZ, ALBA N
STREET ADDRESS 214 NORTHEAST 26TH STREET
CITY-ST-ZIP POMPANO BEACH FL 33064-3863 ☐ Delete

TITLE D
NAME CORTEZ, ALMA D.
STREET ADDRESS 241 NE 26th St.
CITY-ST-ZIP Pompano Beach, FL 33064-3863 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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

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: Alma D. Cortez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-12-00 954-658-5234
Date Daytime Phone #

* CR2E034 (5/00)