

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2000 8:00 am
Secretary of State
03-06-2000 90051 048 ***150.00

DOCUMENT # P 99000002857			
1. Entity Name SLEDGE, INC. ✓			
Principal Place of Business 2625 Collins Avenue # 209 Miami Beach, Florida 33140		Mailing Address 2625 Collins Avenue	
2. Principal Place of Business 2625 Collins Avenue		3. Mailing Address 2625 Collins Avenue	
Suite, Apt. #, etc. Apt. # 209		Suite, Apt. #, etc. Apt. # 209	
City & State Miami Beach, Florida		City & State Miami Beach, Florida	
Zip 33140	Country	Zip 33140	Country
6. Name and Address of Current Registered Agent Rafael Quintero 3979 N.E. 167 AT. No. Miami Beach, Florida 33160		7. Name and Address of New Registered Agent Name Marvin D. Michaels Street Address (P.O. Box Number is Not Acceptable) 1010 SW 86 Court Miami City FL Zip Code 33144	
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 <u>MARVIN D. MICHAELS</u> February 18, 2000 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		<div style="border: 1px solid black; padding: 5px; text-align: center;"> FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State </div>	
		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS <input checked="" type="checkbox"/> Delete Rafael Quintero 3979 NE 167th AT. No. Miami Beach, Fl. 33160		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		
12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President/Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Tom Beaumont Griffin 2625 Collins Avenue # 209 Miami Beach, Fl 33140		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary/Treasurer/Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NIC Cooper 2625 Collins Avenue # 209 Miami Beach, Fl. 33140		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Andrew Fickling 2625 Collins Avenue # 209 Miami Beach, Fl 33140		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 another like empowered.			
SIGNATURE: <u>ANDREW FICKLING</u> 2/25/00 (305)6952727 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			

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DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)