

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000003346

1. Entity Name

S & B DETAILS, INC.

FILED

Feb 17, 2000 8:00 am  
Secretary of State

02-17-2000 90076 042 \*\*\*150.00

Principal Place of Business

7900 NW 50 STREET STE 103  
LAUDERHILL FL 33351

Mailing Address

7900 NW 50 STREET STE 103  
LAUDERHILL FL 33351-5603

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0900688

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ALAYON, FANNY  
7860 NW 50 STREET APT 102  
LAUDERHILL FL 33351

7. Name and Address of New Registered Agent

Name Sandra M Bruzzone

Street Address (P.O. Box Number is Not Acceptable)  
7860 NW 50 ST APT. 102

Lauderhill FL 33351

City SS # 594-81-7715 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

02/10/00

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 D ☐ Delete  
NAME BRUZZONE, SANDRA M  
STREET ADDRESS 7860 NW 50 ST APT 22  
CITY-ST-ZIP LAUDERHILL FL 33351

TITLE D ☐ Delete  
NAME RODRIGUEZ, SOFIA C  
STREET ADDRESS PISO #1 25 URB MACARACUAY  
CITY-ST-ZIP CARACAS VENEZUELA

TITLE D ☒ Delete  
NAME ALAYON, FANNY  
STREET ADDRESS 7860 NW 50 ST APT 102  
CITY-ST-ZIP LAUDERHILL FL 33351

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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  
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

02/10/00

CR2E034 (9/99)