2001 UNIFORM BUSINESS REPORT (UBR)

09-05-2001 90093 025 ***150.00
P99000003346

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT -9 AM 11:45

DOCUMENT # P99000003346

1. Entity Name
S & B DETAILS, INC.

Principal Place of Business	Mailing Address
7900 NW 50 STREET STE 103 LAUDERHILL FL 33351	7900 NW 50 STREET STE 103 LAUDERHILL FL 33351

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
8551 SW 50 St.	8551 SW 50 St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Lauderhill FL	City & State: Lauderhill, FL
Zip: 33351 Country: Broward	Zip: 33351 Country: Broward

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

Please Correct Address
BRUZZONE, SANDRA M
7860 NW 60TH ST 7860 NW 50 St.
APT. 102
LAUDERHILL FL 33351

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 12, 2001 Fee 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D BRUZZONE, SANDRA M 7860 NW 50 ST APT 102 LAUDERHILL FL 33351 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RODRIGUEZ, SOFIA C PISO #1 25 URB MACARACUAY CARACAS VENEZUELA ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: SIGNATURE REQUIRED Sandra M Bruzzone / President / 08/27/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #