2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT#

P99000003346

Mailing Address

1. Entity Name S & B DETAILS, INC.

Principal Place of Business

SIGNATURE:

SIGNATURE AND TYPED OR



FILED Feb 26, 2003 8:00 am Secretary of State

02-26-2003 90148 009 ***150.00

Daytime Phone #

8551 SW 50 S			8551 SW 50 ST LAUDERHIEL FL 33351							
2. Principal Place of Business			3. Mailing Address] '		1911) BBILL DOLLI UI		i 1848 - 1871 1961
Suite, Apt. #, etc.			Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State			City & State			4. FEI N	El Number 65-0900688 Applied Fo			plied For at Applicable
Zip		Country	Zip	Country		5. Certificate of Status Desired \$8.75 Additional Fee Required				litional
	6. Name	and Address of Current R	legistered Agent			7. Name	and Address of New	Registered A	gent	
BRUZZON 7860 NW APT. 102	Str	Name BRUZZONE, SANDRA M Street Address (P.O. Box Number is Not Acceptable) 8551 NW 50 ST								
LAUDERH	ILL FL 333	u		Cit	UDER	HILL		FL	Zip Cod 3333	51
	ions of regist	y submits this statement for ered agent.	uggrug 5ANI	ts registered offi DRA M DIRECT DTE: Registered Agent	ce or registe BRUZZ OR	ZONE	,	lorida. 1 am fa	amiliar with,	and accept
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State							Election Campaign F Trust Fund Contributi	ion. \square	Added	0 May Be I to Fees
10.		OFFICERS AND D	DIRECTORS	11.		ADDITIO	ONS/CHANGES TO OF	FICERS AND	DIRECTORS	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	7860 NW	IE, SANDRA M 50 ST APT 102 ILL FL 33351	☐ Delete	TITLE NAME STREET ADDI CITY-ST-ZIF	ress 859	51 NW	E SANDRA 50 ST ILL FL 333	_	⊠ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PISO #1	EZ, SOFIA C 25 URB MACARACUAY 3 VENEZUELA	☐ Delete	TITLE NAME STREET ADDI CITY-ST-ZIF	- 1				Change	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			C Delete	TITLE NAME STREET ADDI CITY-ST-ZIF					Change	☐ Addition
indicated of the cor	on this repo-	e information supplied with to resupplemental report is to receiver or trustee emporachment with an apoless	true and accurate and that wered to execute this repor	t my signature sl rt as required by	nail have the	same legal	effect as if made under	r oath; that I ai	m an officer	or director

NIDRA M BRUZZONE

INTER NAME OF SIGNING OFFICER OR DIRECTOR