

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P99000009499**

1. Entity Name

**SBCM HOLDINGS INCORPORATED****FILED**  
**Apr 27, 2000 8:00 am**  
**Secretary of State**

04-27-2000 90072 030 \*\*\*150.00

Principal Place of Business

Mailing Address

**4045 SHERIDAN AVENUE  
SUITE 432  
MIAMI BEACH FL 33140-3665****4045 SHERIDAN AVENUE  
SUITE 432  
MIAMI BEACH FL 33140-3665**

2. Principal Place of Business

3. Mailing Address

**150 SE Second Avenue****150 SE Second Avenue**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Suite 1007****Suite 1007**

City &amp; State

City &amp; State

**Miami FL****Miami FL**

Zip

Zip

**33131-1577**

Country

Country

**USA****USA**

4. FEI Number

Applied For

**65-0964633**

Not Applicable

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

**FLETCHER, JOHN S  
5300 FIRST UNION FINANCIAL CENTER  
200 SOUTH BISCAYNE BOULEVARD  
MIAMI FL 33131-2339**

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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE                           | NAME     | STREET ADDRESS             | CITY-ST-ZIP                                                          |
|---------------------------------|----------|----------------------------|----------------------------------------------------------------------|
| <input type="checkbox"/> Delete | <b>D</b> | <b>COLLOPY, JOHN F JR.</b> | <b>4045 SHERIDAN AVENUE, SUITE 432<br/>MIAMI BEACH FL 33140-3665</b> |
| <input type="checkbox"/> Delete |          |                            |                                                                      |
| <input type="checkbox"/> Delete |          |                            |                                                                      |
| <input type="checkbox"/> Delete |          |                            |                                                                      |
| <input type="checkbox"/> Delete |          |                            |                                                                      |
| <input type="checkbox"/> Delete |          |                            |                                                                      |

| TITLE                                                                                   | NAME            | STREET ADDRESS                         | CITY-ST-ZIP                            |
|-----------------------------------------------------------------------------------------|-----------------|----------------------------------------|----------------------------------------|
| <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition            |                 | <b>150 SE Second Avenue Suite 1007</b> | <b>Miami FL 33131-1577</b>             |
| <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | <b>Director</b> | <b>Foerster, Bruce S</b>               | <b>150 SE Second Avenue Suite 1007</b> |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |                 | <b>Miami FL 33131-1577</b>             |                                        |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |                 |                                        |                                        |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |                 |                                        |                                        |
| <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 name empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**12 APRIL 2000 305.358.3232**

CR2E034 (9/99)