2001 UNIFORM BUSINESS REPORT (UBR)

2001 UNIFORM BUS	FILED Apr 12, 2001 8:00 am Secretary of State 03-28-2001 90005 039 ***150.00				
DOCUMENT# P990 1. Entity Name S GROUP					
Principal Place of Business 6600 NW 82AVE MIAMI FL.33166	-	NW 82 AVE 1 FL. 33166	· ,		
2. Principal Place of Business	3. Mailing Address	3. Mailing Address			
Suite, Apt. #, etc.	Suite. Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
City & State	City & State		4. FEI Number 62-17	69 124	pplied For or Applicable
Zip Country	Zip	Country	Certificate of Status Desired Name and Address of New I	\$8.75 Ad Fee Require	
6. Name and Address of Current Registered Agent 7. Name and Address of N				tegisterou Agent	
6600 NW 82 AV	Street Address (I	P.O. Box Number is Not Acceptable		<u></u>	
MIAMI FL. 33166	.				
		City		FL. Zíp Cod	ie
8. The above named entity submits this statement f	/L	3 registered office or registers		DATE	
 This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) 	After MAY, 1, 20	III FEE IS \$150,00 001/Fee will be \$550,00 ble to Department of Stat	10. Election Campaign Finant Fund Contribution		May Be of to Fees
11. OFFICERS AND	DIRECTORS	12.	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTOR	
TITLE NAME STREET ADDRESS CITY-ST-ZIP MI AMI FL. 33	AVE	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	ACECO34 (11/00 noilibby
TIFLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	☐ Addillon &
TITLE NAME STREET ADDRESS	□ Delete	NAME NAME STREET ADDRESS CITY-SY-ZIP		Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Deleta	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Deletæ	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1	☐ Change	Addition
13. I hereby certify that the information supplied will indicated on this report or supplemental report in of the corporation or the receiver or rustee emp changed, or on an attachment with an appress.	n this filing does not qualify for the and accurate and that in the owered to execute this report with all other like empowered.	r the exemption stated in Sec my signature shall have the st as required by Chapter 607,	,		. 1
SIGNATURE: (RAMATING AND TYPESTOP)	PHATE OF SIGNING OFFICER	OR DIRECTOR DRESINA	2)-2 1-0 l	305-59) Daysma Phone =	3911