

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000022021

1. Entity Name

S & S COMPANIES, INC. ✓

FILED
Jul 24, 2000 8:00 am
Secretary of State

07-24-2000 90009 002 ***550.00

Principal Place of Business

14730 NW 16TH DRIVE
MIAMI FL 33167

Mailing Address

14730 NW 16TH DRIVE
MIAMI FL 33167-1018

2. Principal Place of Business

3. Mailing Address

13935 NW 1st Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

4. FEI Number

65-0903574

Applied For

Not Applicable

Zip

Country

33168

USA

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

PEREZ, BEHAR & ASSOCIATES, INC.
14730 NW 16TH DRIVE
MIAMI FL 33167

Name

Perez, Behar & Assoc.

Street Address (P.O. Box Number is Not Acceptable)

13935 NW 1st Ave.

City

Miami

FL

Zip Code

33168

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	PD	<input type="checkbox"/> Delete
NAME	STAFFORD, STEVEN A	
STREET ADDRESS	14730 NW 16TH DRIVE	
CITY-ST-ZIP	MIAMI FL 33167	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

Signature *Steven Stafford*

Date

Daytime Phone

305-493883

6/3/00

CR2 E034 (9/99)