

DOCUMENT #

1. Entity Name

P99000023238

S & R UUNLIMITED, INC.

R

FILED
Sep 07, 2000 8:00 am
Secretary of State

09-07-2000 90060 007 ***150.00

Principal Place of Business

Mailing Address

401 OCEAN DRIVE
C/O APT. 914
MIAMI BEACH, FL.
33139401 OCEAN DRIVE
C/O APT. 401
MIAMI BEACH, FL
33139

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

Applied For

☒ Not Applicable

Zip

Country

Zip

Country

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

MAX SPIEGELMAN, ESO.
19 W. FLAGLER STREET, STE. #420
MIAMI, FL. 33130

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

FILE NOW:
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to**
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
ROBERT FARMIGA
C/O 401 OCEAN DRIVE #914
MIAMI BEACH, FL 33139 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SECRETARY
MARIA FARMIGA
401 OCEAN DRIVE, #914
MIAMI BEACH, FL 33139 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 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

Date

Daytime Phone #

CR2E037 (9/99)

Attachment doc #

P 99000023238

A0075595

SPIEGELMAN AND SPIEGELMAN

ATTORNEYS AT LAW

BISCAYNE BUILDING, SUITE 420
19 WEST FLAGLER STREET
MIAMI, FLORIDA 33130

TELEPHONE (305) 371-2500
TELEFAX (305) 374-3606

MAX SPIEGELMAN
ROBERT I. SPIEGELMAN

September 1, 2000

Florida Department of State
Division of Corporations
Uniform Business Reports
P.O. Box 1500
Tallahassee, Florida 32302-1500

IN RE: S & R UNLIMITED INC.


Dear Sirs:

Following the instruction of a staff member of the Division of Corporation, we hereby enclose a duly executed 2000 Uniform Business Report for the above referenced corporation together with our trust account check in the amount of \$150.00 covering said fees.

Kindly note that the original form issued by the Division of Corporation has never been received by our clients nor the registered agent or any other individual or entity.

Very truly yours,

SPIEGELMAN AND SPIEGELMAN



Max Spiegelman

MS/jp
Enclosures (as noted)