

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000038036

1. Entity Name
SBJH, INC.

Principal Place of Business
1018 JEFFERSON AVENUE
MIAMI BEACH FL 33139

Mailing Address
1018 JEFFERSON AVENUE
MIAMI BEACH FL 33139

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 94-3329170

Applied For

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

ADKINS, STEVEN N
1018 JEFFERSON AVE
MIAMI BEACH FL 33139

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, 2001 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 P
NAME ADKINS, STEVEN N
STREET ADDRESS 1018 JEFFERSON AVE
CITY-ST-ZIP MIAMI BEACH FL 33139



TITLE DVP
NAME GREELEY, JAMES R
STREET ADDRESS 1018 JEFFERSON AVE
CITY-ST-ZIP MIAMI BEACH FL 33139



TITLE S
NAME ALLEN, DAVE
STREET ADDRESS 1018 JEFFERSON AVE
CITY-ST-ZIP MIAMI BEACH FL 33139



TITLE VPD
NAME RIGGS, STEPHEN
STREET ADDRESS 521 CURLEW
CITY-ST-ZIP SAN DIEGO CA 92103



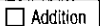
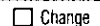
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



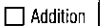
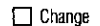
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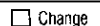
TITLE
NAME
STREET ADDRESS
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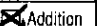
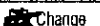
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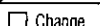
TITLE SECRETARY-DIRECTOR (SD)
NAME STEPHEN RIGGS
STREET ADDRESS 321 CURLEW
CITY-ST-ZIP SAN DIEGO, CA 92103



TITLE VPD
NAME HOWARD M. DAVIDOFF
STREET ADDRESS 8 TERRACE DR.
CITY-ST-ZIP PORT WASHINGTON, NY 11050



TITLE
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

Date

Daytime Phone #

FILED
Feb 20, 2001 8:00 am
Secretary of State

02-20-2001 90007 001 ***158.75



DO NOT WRITE IN THIS SPACE

0170314

CR2E034 (10/00)