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

## FILED DOCUMENT # **P99000040316** May 07, 2000 8:00 am Secretary of State 1. Entity Name S G P ENTERPRISES, INC. 05-07-2000 90008 029 \*\*\*150.00 Mailing Address Principal Place of Business 6434 W, LAKE WORTH RD. 6434 W. LAKE WORTH RD. LAKE WORTH FL 33463-3008 LAKE WORTH FL 33463 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied Far City & State City & State Not Applicable Country \$8.75 Additional 5 Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SAL CHICCO CT COBPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 32 LAWRENCE LAKE DRIVE 33436 BOYNTON BEACH, FL Zip Code City 33436 BOYNTON\_BEACH 8. The above named entity submits this statement for the perpose of charging its registered office or registered agent, or both, in the State of Florida. SAL CHICCO DATE Signature, typed or printed no 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition P?D ☐ Delete TITLE Change TITLE NAME Giuseppe Badalamenti NAME STREET ADDRESS STREET ADDRESS 7479 Ridgefield Lane CITY-ST-ZIP CITY-ST-7IP Lake Worth, F1 33467 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME Pietro Badalamenti STREET ADDRESS STREET ADDRESS 7101 Lockwood CITY-ST-7IP CITY-ST-ZIP Lake Worth, Fl 33467 ☐ Change ☐ Addition ☐ Delete TITLE TITLE T/DNAME Salvatore Badalamenti STREET ADDRESS STREET ADDRESS 7066 Geneva Lakes Ct CITY-ST-7IP CITY-ST-ZIP Lake Worth, Fl 33467 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

Daytime Phone #