

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #

1. Entity Name

S G P ENTERPRISES, INC.

FILED

02 JUL 30 AM 8:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6434 W LAKE WORTH RD

Suite, Apt. #, etc.

3. Mailing Address

6434 W LAKE WORTH RD

Suite, Apt. #, etc.

City & State

LAKE WORTH, FL 33463

Zip

Country

City & State

LAKE WORTH, FL. 33463

Zip

Country

REINSTATEMENT

4. FEI Number

65-0916927

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

SALVATORE BADALAMENTI

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

7066 GENEVA LAKES CT

City

LAKE WORTH, FL

FL

Zip Code
33467

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IN THIS SPACE**

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 SALVATORE BADALAMENTI

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-19-02

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE	PD
NAME	GIUSEPPE BADALAMENTI
STREET ADDRESS	7479 RIDGEFIELD LANE
CITY-ST-ZIP	LAKE WORTH, FL 33467
TITLE	VPD
NAME	PIETRO BADALAMENTI
STREET ADDRESS	7101 LOCKWOOD
CITY-ST-ZIP	LAKE WORTH, FL 33467
TITLE	STD.
NAME	SALVATORE BADALAMENTI
STREET ADDRESS	7066-GENEVA LAKES CT
CITY-ST-ZIP	LAKE WORTH, FL 33467
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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TITLE	
NAME	800006880618--3
STREET ADDRESS	-08/05/02--01002--012
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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: SALVATORE BADALAMENTI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-19-02 561-964-1583

93 7/31/02