

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000076282

1. Entity Name

SSB ENTERPRISES OF MIAMI, INC.

FILED
May 10, 2000 8:00 am
Secretary of State

05-10-2000 90077 038 ***150.00

Principal Place of Business

Mailing Address

~~400 S.E. 2ND ST., STE. 2150~~

~~100 S.E. 2ND ST., STE. 2150~~

~~MIAMI FL 33131~~

~~MIAMI FL 33131-2151~~

2. Principal Place of Business

3. Mailing Address

4862 S.W. 72 AV.

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

So. MIAMI FL

City & State

4. FEI Number

65-0953988

Applied For

Not Applicable

Zip

33155

Country

USA

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

ENGELS, MARTIN

100 S.E. 2ND ST., STE. 2150

MIAMI FL 33131

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, 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 ~~D~~ ☒ Delete
NAME ~~ENGELS, MARTIN~~
STREET ADDRESS ~~100 S.E. 2ND ST., STE. 2150~~
CITY-ST-ZIP ~~MIAMI FL 33131~~

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE P/D ☐ Delete
NAME JUAN CARLOS MARTINEZ
STREET ADDRESS 4862 S.W. 72 AV
CITY-ST-ZIP So. MIAMI FL 33155

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S/T/D ☐ Delete
NAME ELENA FRAGA
STREET ADDRESS 4862 S.W. 72 AV
CITY-ST-ZIP So. MIAMI FL 33155

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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TITLE ☐ Delete
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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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

JUAN CARLOS MARTINEZ 4/28/00 305-666-7777

Date

Daytime Phone #

CR2E034 (9/99)