

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 13, 2000 8:00 am
Secretary of State

09-13-2000 90021 019 ***558.75

DOCUMENT # P99000102552

1. Entity Name

SBM SERVICES, INC.

Principal Place of Business

12237 SOUTHWEST 113 LANE
 MIAMI FL 33186

Mailing Address

12237 SOUTHWEST 113 LANE
 MIAMI FL 33186

00085832

2. Principal Place of Business

12237 SW - 113 Lane

Suite, Apt. #, etc.

3. Mailing Address

12237 SW - 113 Lane

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Miami Florida.

Zip 33186

Country 0906

City & State

Miami Florida.

Zip 33186

Country 0906

4. FEI Number

65-0963379

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

SAME.

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

TITLE PSTD
 NAME VEGA, ANA
 STREET ADDRESS 12237 SOUTHWEST 113 LANE
 CITY-ST-ZIP MIAMI FL 33186

☐ Delete

TITLE
 NAME
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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 CITY-ST-ZIP

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☐ Change ☐ Addition

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

9/11/2000 (305) 598-5712.

Date

Daytime Phone #

CR2E034 (5/00)