

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000102552

1. Entity Name
SBM SERVICES, INC.

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90211 004 ***158.75

Principal Place of Business
12237 SOUTHWEST 113 LANE
MIAMI FL 33186

Mailing Address
12237 SOUTHWEST 113 LANE
MIAMI FL 33186

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
DADE

City & State
Miami Florida
Zip
33186
Country
DADE

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

7. Name and Address of New Registered Agent

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

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 **SAME**

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

☐ Delete

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

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CITY-ST-ZIP
☐ 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: **PERSON VEGA**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/26/2001 (305) 598-5712
Date Daytime Phone #

CR2E034 (10/00)