

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**

04-30-2001 90412 005 \*\*\*150.00

**DOCUMENT # S39985**

1. Entity Name

**S & S INTEGRATION INCORPORATED**

Principal Place of Business

**6600 NW 16TH STREET  
 SUITE 12  
 PLANTATION FL 33313  
 US**

Mailing Address

**8050 LEITNER DR WEST  
 CORAL SPRINGS FL 33067  
 US**

2. Principal Place of Business

**8050 LEITNER DR. WEST**

Suite, Apt. #, etc.

**CORAL SPRINGS**

City & State

**FLORIDA**

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

**33067**

Country

**U.S.A.**

Country

4. FEI Number

**65-0259607**

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

Name

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

City

**FL**

Zip Code

**SOOD, PARDEEP  
 8050 LEITNER DR WEST  
 CORAL SPRINGS FL 33067**

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, 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  
**DCP  
 SOOD, PARDEEP  
 6600 NW 16TH STREET SUITE 12  
 PLANTATION FL** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**DCP  
 SOOD, PARDEEP  
 8050 LEITNER DR. WEST  
 CORAL SPRINGS, FL 33067** ☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**D  
 SMITH, REGINALD  
 6600 NW 16TH STREET SUITE 12  
 PLANTATION FL** ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

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

TITLE  
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TITLE  
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☐ Change ☐ Addition

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TITLE  
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☐ Change ☐ Addition

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☐ Delete

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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:**

**PARDEEP SOOD**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/24/2001**  
 Date

**954/345-3601**  
 Daytime Phone #

CR2E034 (10/00)