

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **S46267**

Entity Name

SRG HOLDING, CORP.

FILED

May 28, 2002 8:00 am
Secretary of State

05-28-2002 91749 027 ***550.00

Principal Place of Business

5201 BLUE LAGOON DRIVE

SUITE 100

MIAMI FL 33126

US

Mailing Address

5201 BLUE LAGOON DRIVE

SUITE 100

MIAMI FL 33126

US

Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0266618

Applied For

Not Applicable

Zip

Country

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

CAHAN, RICHARD J. ALAN

C/O BECKER & POLIAKOFF P.A.

5201 BLUE LAGOON DRIVE SUITE 100

MIAMI FL 33126

Name

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

City

FL

Zip Code

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, 2002 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

| | | |
|----------------|--|---------------------------------|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | ROBERTS, GREGORY | |
| STREET ADDRESS | BAY STREET & VICTORIA AVE.N | |
| CITY- ST- ZIP | NASSAU, BAHAMAS | |
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | ROBERTS, GREGORY | |
| STREET ADDRESS | BAY STREET & VICTORIA AVENUE N. | |
| CITY- ST- ZIP | NASSAU, BAHAMAS | |
| TITLE | AVP | <input type="checkbox"/> Delete |
| NAME | CAHAN, RICHARD J ALAN | |
| STREET ADDRESS | 5201 BLUE LAGOON DRIVE, SUITE 100 | |
| CITY- ST- ZIP | MIAMI FL 33126 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY- ST- ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY- ST- ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY- ST- ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY- ST- ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY- ST- ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY- ST- ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY- ST- ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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

15 Jan 2002

242-332-1751