

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2001 8:00 am
Secretary of State

02-05-2001 90012 040 ***150.00

DOCUMENT # S55798

1. Entity Name

S. I. OF MIAMI, CORP.

Principal Place of Business

**121 S.E. 1ST STREET
 MIAMI FL 33131
 US**

Mailing Address

**121 S.E. 1ST STREET
 SUITE #510
 MIAMI FL 33131
 US**

2. Principal Place of Business

1760 SW 68 Ave.

3. Mailing Address

1760 SW 68 Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Plantation FL

City & State

Plantation FL

4. FEI Number

65-0264985

Applied For

Not Applicable

Zip

33317

Country

Zip

33317

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**LIEBERMAN, ARNOLD L
 121 SE FIRST ST #507
 MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name **Arnold L. Lieberman**

Street Address (P.O. Box Number is Not Acceptable)
1760 SW 68 Avenue

City **Plantation**

FL

Zip Code **33317**

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/31/01

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

TITLE	DP	<input type="checkbox"/> Delete
NAME	LIEBERMAN, ISADORE	
STREET ADDRESS	1950 S OCEAN DR #21E	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	LIEBERMAN, ABE	
STREET ADDRESS	1950 S OCEAN DR., #20-E	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	DS	<input type="checkbox"/> Delete
NAME	LIEBERMAN, ARNOLD	
STREET ADDRESS	1760 S.W. 68TH AVE.	
CITY-ST-ZIP	PLANTATION FL	
TITLE	DT	<input type="checkbox"/> Delete
NAME	SIMON, CINDY	
STREET ADDRESS	1760 SW 68TH AVE	
CITY-ST-ZIP	PLANTATION FL 33317	
TITLE	D	<input type="checkbox"/> Delete
NAME	BLEICHER, DANIEL	
STREET ADDRESS	1526 NE 10TH ST EXT	
CITY-ST-ZIP	HALLANDALE FL 33019	
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 life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/31/01 954 7925244

CR2E034 (10/00)

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