

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S74413

1. Entity Name

S AND S IMPORT AND INVESTMENT, INC.

Principal Place of Business

2025 NORTHEAST 164TH STREET
SUITE 510
NORTH MIAMI BEACH FL 33162

Mailing Address

2025 NORTHEAST 164TH STREET
SUITE 510
NORTH MIAMI BEACH FL 33162

2. Principal Place of Business

437 GOLDEN ISLES DRIVE

3. Mailing Address

437 GOLDEN ISLES DRIVE

Suite, Apt. #, etc.

9B-C

Suite, Apt. #, etc.

9B-C

City & State

HALLANDALE, FLORIDA

City & State

HALLANDALE, FLORIDA

Zip

33009

Country

BROWARD

Zip

33009

Country

BROWARD

6. Name and Address of Current Registered Agent

GUTKIND, SHLOMO
2025 NORTHEAST 164TH STREET
SUITE 510
NORTH MIAMI BEACH FL 33162

7. Name and Address of New Registered Agent

Name SHLOMO GUTKIND
Street Address (P.O. Box Number is Not Acceptable) 437 GOLDEN ISLES DRIVE
City HALLANDALE FL Zip Code 33009

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

TITLE DP
NAME GUTKIND, SHLOMO
STREET ADDRESS 2025 N.E. 164TH ST. 510
CITY-ST-ZIP NORTH MIAMI BEACH FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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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: SHLOMO GUTKIND Shlomo Gutkind

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/01

Date

954-455-7144

Daytime Phone #



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)