2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# S74413

Name:

Address:

City-St-Zip:

Entity Name: S AND S IMPORT AND INVESTMENT, INC.

FILED Apr 26, 2003 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 437 GOLDEN ISLES DR. 9B-C HALLANDALE, FL 33009 **Current Mailing Address: New Mailing Address:** 437 GOLDEN ISLES DRIVE, 9B-C HALLANDALE, FL 33009 FEI Number: 65-0281834 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of New Registered Agent: Name and Address of Current Registered Agent: GUTKIND, SHLOMO GUTKIND, SHLOMO 437 GOLDEN ISLES DRIVE 437 GOLDEN ISLES DRIVE HALLANDALE, FL 33009 9-B-C HALLANDALE, FL 33009 US 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: GUTKIND SHLOMO 04/26/2003 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition GUTKIND, SHLOMO, Name: Name: 2025 N.E. 164TH ST. 510 Address: Address: City-St-Zip: NORTH MIAMI BEACH, FL City-St-Zip: () Delete Title: Title: () Change (X) Addition Name: Name: **GUTKIND. SHLOMO** 437 GOLDEN ISLES DR. # 9-B-C Address: Address: HALLANDALE, FL 33009 City-St-Zip: City-St-Zip: () Change (X) Addition Title: () Delete Title: GUTKIND, SARAH Name: Name: 437 GOLDEN ISLESDR, #9-B-C Address Address: City-St-Zip: City-St-Zip: HALLANDALE, FL 33009 Title: () Delete Title: DP () Change (X) Addition GUTKIND, SHLOMO Name: Name: Address: Address: 437 GOLDEN ISLE D. # 9- B- C City-St-Zip: City-St-Zip: HALLANDALE, FL 33009 Title: Title: () Change (X) Addition () Delete GUTKIND, SARAH Name: Name: Address: Address: 437 GOLDEN ISLES DR. # 9--B-C City-St-Zip: City-St-Zip: HALLANDALE, FL 33009 Title: () Delete Title: SEC. () Change (X) Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

GUTKIND, SARAH

HALLANDALE, FL 33009

437 GOLDEN ISLES DR. # 9-B-C

SIGNATURE: GUTKIND SARAH VP 04/26/2003