

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 443457

1. Entity Name

SOUTHERN INDUSTRIAL SALES CORPORATION

Principal Place of Business

4950 SW 72 AVE  
#112  
MIAMI FL 33155  
US

Mailing Address

4950 SW 72 AVE  
SUITE #112  
MIAMI FL 33155  
US

2. Principal Place of Business

9130 SUNSET DRIVE

Suite, Apt. #, etc.

3. Mailing Address

9130 SUNSET DR.

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33173

Country

USA

City & State

MIAMI FL

Zip

33173

Country

USA

4. FEI Number

59-2668911

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

CORPORATE REGISTERED AGENTS, INC.  
3971 SW 8 ST.  
SUITE 305  
MIAMI FL 33134

Name

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

City

FL

Zip Code

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	VD TAMAYO, IGNACIO J. 265 HARBOR DRIVE KEY BISCAYNE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TAMAYO, FERNANDO 7040 SW 79TH COURT MIAMI FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TAMAYO, SUZANNE L. 7040 SW 79TH COURT MIAMI FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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

*Sue Tamayo*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Sue TAMAYO - Sec/Tres 1/30/01 305 2756299

**FILED**  
**Feb 03, 2001 8:00 am**  
**Secretary of State**

02-03-2001 90289 022 \*\*\*158.75



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)