

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 JUN 27 PM 2:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **L99000004902**

1. Entity Name  
**SOUTH POINTE SUNSHINE, LLC**

Principal Place of Business

~~1143 ROBERTO LANE  
LOS ANGELES CA 90077~~

**300 South Pointe Dr, Unit #PH-2  
Miami Beach FL 33139**

Mailing Address

~~1143 ROBERTO LANE  
LOS ANGELES CA 90077-2302~~



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**58-2511831**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$5.00** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HKE&F REGISTERED AGENT CORP.  
2601 SOUTH BAYSHORE DRIVE, SUITE 600  
MIAMI FL 33133**

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE  Delete  
NAME **MGRM GLEISSNER, MICHAEL**  
STREET ADDRESS ~~1143 ROBERTO LANE~~ **300 South Pointe Dr.**  
CITY-ST-ZIP ~~LOS ANGELES CA 90077~~ **Unit PH-2**

Change  Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP **200003315702-5**

TITLE  Delete  
NAME  
STREET ADDRESS **Miami Beach FL 33139**  
CITY-ST-ZIP

Change  Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP **-07/07/00--01915-017**  
**\*\*\*\*\*50.00 \*\*\*\*\*50.00**

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition  
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STREET ADDRESS  
CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (9/99)