

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01246

1. Entity Name

SOUTH MIAMI BUSINESS CENTER SEC. ONE CONDOMINIUM

Principal Place of Business

Mailing Address

4651 - 4699 SW 72 AVE.
7175 SW 47 STREET, UNITS 201-210
MIAMI FL 33155
US

C/O MADDUX AND COMPANY
P.O. BOX 557113
MIAMI FL 33255-7113

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2503801

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

WESTON, J. SCOTT
C/O MADDUX AND COMPANY
4651 - 4699 SW 72 AVE
MIAMI FL 33155

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 \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME SUSSMAN, LEONARD
STREET ADDRESS 4699 SW 72 AVENUE
CITY-ST-ZIP MIAMI FL 33155 ☒ Delete

TITLE PD
NAME HERTZ, AARON
STREET ADDRESS 7175 SW 47 ST # 210
CITY-ST-ZIP MIAMI, FL 33155 ☒ Change ☐ Addition

TITLE VPD
NAME AGUILERA, HENRY
STREET ADDRESS 4661 SW 72 AVENUE
CITY-ST-ZIP MIAMI FL 33155 ☐ Delete

TITLE SD
NAME RAHIMNEJAD, MYRA
STREET ADDRESS 7105 SW 47 ST # 402
CITY-ST-ZIP MIAMI, FL 33155 ☐ Change ☒ Addition

TITLE TD
NAME LARSON, RAY
STREET ADDRESS 4689 SW 72 AVENUE
CITY-ST-ZIP MIAMI FL 33155 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SD
NAME HERTZ, AARON
STREET ADDRESS 7175 SW 47 ST. #210
CITY-ST-ZIP MIAMI FL 33155 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ray Larson 4/10/01 264-9661

Date

Daytime Phone #

FILED
Apr 12, 2001 8:00 am
Secretary of State

04-12-2001 90182 013 ****61.25

00040400



DO NOT WRITE IN THIS SPACE

0044637

CR2E037 (10/00)