

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90636 031 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P0000051605

1. Entity Name
SOUTH 101 INVESTMENT, INC.

Principal Place of Business
**2875 N.E. 191ST ST., PH 3A
AVENTURA FL 33180**

Mailing Address
**2875 N.E. 191ST ST., PH 3A
AVENTURA FL 33180**

00056770

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-101-0712

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**ROUSSO, MARK E
2875 N.E. 191ST ST., PH 3A
AVENTURA FL 33180**

Name **RAUL SANCHEZ DE VARONA**

Street Address (P.O. Box Number Is Not Acceptable) **305-443-8601**

145 MADEIRA AVE SUITE 310

City **CORAL GABLES**

FL

Zip Code
33134

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 re-registering)

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 **PSD** Delete
NAME **BARBAGALLO, MIGUEL ANGEL**
STREET ADDRESS **2875 N.E. 191ST ST., PH 3A**
CITY-ST-ZIP **AVENTURA FL 33180**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** Delete
NAME **RIZZUTI, CARLOS**
STREET ADDRESS **2875 N.E. 191ST ST., PH 3A**
CITY-ST-ZIP **AVENTURA FL 33180**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** Delete
NAME **BARBAGALLO, SEBASTIAN**
STREET ADDRESS **2875 N.E. 191ST ST., PH 3A**
CITY-ST-ZIP **AVENTURA FL 33180**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information submitted 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #



DO NOT WRITE IN THIS SPACE