

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2001 8:00 am**  
**Secretary of State**

04-25-2001 90143 029 \*\*\*150.00

**DOCUMENT # P00000115455**

1. Entity Name

**SOUTH BAYSHORE DRIVE COMPANY**

Principal Place of Business

901 PONCE DE LEON BLVD.  
 SUITE 603  
 CORAL GABLES FL 33134

Mailing Address

901 PONCE DE LEON BLVD.  
 SUITE 603  
 CORAL GABLES FL 33134

2. Principal Place of Business

*2715 Tigertail Ave*

3. Mailing Address

Suite, Apt. #, etc.

*APT #302*

Suite, Apt. #, etc.

City & State

*COCONUT GROVE*

City & State

4. FEI Number

*65-1090840*

Applied For

Not Applicable

Zip

*33133*

Country

*USA*

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**ALBORNOZ, WILLIAM H ESQ.**  
**901 PONCE DE LEON BLVD.**  
**SUITE 603**  
**CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name  
*VILMA BENITEZ*

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

*2750 CORAL WAY*

*SUITE #201*

City  
*MIAMI*

FL

Zip Code  
*33145*

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

*Vilma Benitez*

*VILMA BENITEZ, PRESIDENT*

*4/9/01*

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

| TITLE | NAME           | STREET ADDRESS                     | CITY-ST-ZIP           | Delete                              |
|-------|----------------|------------------------------------|-----------------------|-------------------------------------|
| D     | BENITEZ, VILMA | 901 PONCE DE LEON BLVD., SUITE 603 | CORAL GABLES FL 33134 | <input checked="" type="checkbox"/> |
|       |                |                                    |                       | <input type="checkbox"/>            |
|       |                |                                    |                       | <input type="checkbox"/>            |
|       |                |                                    |                       | <input type="checkbox"/>            |
|       |                |                                    |                       | <input type="checkbox"/>            |
|       |                |                                    |                       | <input type="checkbox"/>            |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE     | NAME           | STREET ADDRESS          | CITY-ST-ZIP      | Change                              | Addition                 |
|-----------|----------------|-------------------------|------------------|-------------------------------------|--------------------------|
| PRESIDENT | BENITEZ, VILMA | 2750 CORAL WAY, STB 201 | MIAMI, FL. 33145 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|           |                |                         |                  | <input type="checkbox"/>            | <input type="checkbox"/> |
|           |                |                         |                  | <input type="checkbox"/>            | <input type="checkbox"/> |
|           |                |                         |                  | <input type="checkbox"/>            | <input type="checkbox"/> |
|           |                |                         |                  | <input type="checkbox"/>            | <input type="checkbox"/> |

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:

*Vilma Benitez*

*VILMA BENITEZ, PRESIDENT*

*4/9/01 (305) 443-*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*992-9*

CR2E034 (10/00)