

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 09, 2000 8:00 am**  
**Secretary of State**  
 03-09-2000 90099 019 \*\*\*158.75

**DOCUMENT # P93000075117**

1. Entity Name

**SOUTH POINTE CONSTRUCTION & DEVELOPMENT CO.**

C0035032



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

535 SW 29 RD  
 MIAMI FL 33129  
 US

PO BOX 452436  
 MIAMI FL 33155  
 US

2. Principal Place of Business

3. Mailing Address

P.O. BOX 452436

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Miami, FL

4. FEI Number

65-0445798

Applied For  
 Not Applicable

Zip

Country

Zip

Country

33245-2436 USA

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

THE LAW FIRM LAWRENCE J SPIEGEL, CHARTERED  
 343 ALMERIA AVE  
 CORAL GABLES 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, 2000 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 PD  
 NAME BAENA, MIGUEL E  
 STREET ADDRESS 535 SE 29TH RD  
 CITY-ST-ZIP MIAMI FL

☐ Delete

TITLE P/D  
 NAME Baena, Miguel E.  
 STREET ADDRESS 535 S.W. 29 Rd.  
 CITY-ST-ZIP Miami, FL 33129

☒ Change ☐ Addition

TITLE VSTD  
 NAME BAENA, JOSE M  
 STREET ADDRESS 535 SW 29TH RD  
 CITY-ST-ZIP MIAMI FL 33165

☐ Delete

TITLE V/D  
 NAME Baena, Jose M.  
 STREET ADDRESS 535 S.W. 29 Rd.  
 CITY-ST-ZIP Miami, FL 33165

☒ Change ☐ Addition

TITLE STD  
 NAME BAENA, ALINA  
 STREET ADDRESS 5751 S W 50TH ST  
 CITY-ST-ZIP MIAMI FL

☐ Delete

TITLE V/S/T/D  
 NAME Baena, Alina  
 STREET ADDRESS 535 SW 29 Rd.  
 CITY-ST-ZIP Miami, FL 33129

☒ 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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ 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:

*Alina Baena* Alina Baena 3/7/00 305 858 0754

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #