

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90025 023 \*\*\*150.00

0239621

**DOCUMENT # P99000041937**

1. Entity Name  
**SOUTH FLORIDA SERVICES UNLIMITED, INC.**

Principal Place of Business      Mailing Address  
**1440 SW 119TH CT**                      **1440 SW 119TH CT**  
**MIAMI FL 33184-2463**                  **MIAMI FL 33184-2463**

**550478**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
**16480 SW 148A05**                      **16480 SW 148 AVE**  
 Suite, Apt. #, etc.                      Suite, Apt. #, etc.

City & State      City & State      4. FEI Number      Applied For  
**MIAMI FL**                      **MIAMI**                      **65-0952296**                   Not Applicable

Zip      Country      Zip      Country      5. Certificate of Status Desired       \$8.75 Additional Fee Required

**33187**      **USA**                      **33187**                     

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**ARTEAGA, FRANCES**  
**1440 SW 119TH CT**  
**MIAMI FL 33184-2463**

*now address*

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 *Frances Arteaga*

DATE *4/29/01*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ARTEAGA, FRANCES</b>	NAME	
STREET ADDRESS	<b>1440 SW 119TH CT</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33184-2463</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: *Frances Arteaga*

**FRANCES ARTEAGA PRES**      Date *4/29/01*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)