

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90443 032 ***150.00

DOCUMENT # 99000041937
1. Entity Name SOUTH FLORIDA SERVICES UNLIMITED ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>16480 SW 148 AVE</u>		3. Mailing Address —	
Suite, Apt. #, etc. —		Suite, Apt. #, etc. —	
City & State <u>Miami - Florida</u>		City & State <u>FL</u>	
Zip <u>33187</u>	Country —	Zip —	Country —
4. FEI Number <u>65-0952294</u>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
FRANCES ARTEAGA

Street Address (P.O. Box Number is Not Acceptable)
16480 SW 148 AVE

City
Miami FL Zip Code
33187

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] (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) <input type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>FRANCES ARTEAGA</u> <u>DIRECTOR</u> <u>16480 SW 148 AVE</u> <u>Miami FL 33187</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] DATE April 29 2002 305 591-3177
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034B (12/01)