FILED

## **2002 UNIFORM BUSINESS REPORT (UBR)**

## Apr 28, 2002 8:00 am Secretary of State DOCUMENT # 202484 1. Entity Name SOUTH DADE UTILITIES, INC. 4-28-2002 90783 050 \*\*\*150 00 Principal Place of Business Mailing Address 760 NW 107TH AVE 760 NW 107TH AVE 642251 SUITE 300 SUITE 300 MIAMI FL 33172 **MIAMI FL 33172** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-0810526 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RUBIN, SHELLY Street Address (P.O. Box Number is Not Acceptable) 760 NW 107TH AVE SUITE 300 MIAMI FL 33172 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550,00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITI F DC TITLE Addition ☐ Delete ☐ Change MILLER, STUART A. NAME NAME 700 NW 107TH AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE MILLER, LEONARD NAME NAME 700 NW 107 AVE. STREET ADDRESS STREET ADDRESS MIAMI FL 33172 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition RUBIN. SHELLY NAME NAME 760 NW 107TH AVE., SUITE 300 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33172 CITY-ST-ZIP TITLE DCF0 ☐ Delete TITLE ☐ Addition NAME SAIONTZ, STEVEN J. NAME Duite 314 760 NW 107TH AVE., SUITE 300 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33172 CITY-ST-ZIP TITLE AC ☐ Delete TITLE ☐ Change Addition NAME LIEBERMAN, ARTHUR J NAME STREET ADDRESS 760 NW 107TH AVE., SUITE 300 STREET ADDRESS CITY-ST-ZIP MIAMI FL 33172 CITY-ST-ZIP ☐ Delete TITLE TITLE Change Addition Addition JORDAN, MARGARET NAME NAME Suite 300 760 NW 107TH AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33172** 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.

Arthur J. Lleberman SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/02