

05-01-2003 90127 003 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # 202484**

1. Entity Name  
**SOUTH DADE UTILITIES, INC.**



Principal Place of Business  
**1601 WASHINGTON AVENUE, 8TH FLOOR  
 MIAMI BEACH, FL 33139 US**

Mailing Address  
**1601 WASHINGTON AVENUE, 8TH FLOOR  
 MIAMI BEACH, FL 33139 US**

**11030948**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-0810526**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**RUBIN, SHELLY  
 1601 WASHINGTON AVENUE, 8TH FLOOR  
 MIAMI BEACH, FL 33139**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating.)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
 After May 1, 2003 Fee will be \$550.00  
 Make Check Payable to Florida Department of State.

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DC**  Delete  
 NAME **MILLER, STUART A.**  
 STREET ADDRESS **700 NW 107TH AVENUE**  
 CITY-ST-2IP **MIAMI, FL 33172**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-2IP

TITLE **D**  Delete  
 NAME **MILLER, LEONARD**  
 STREET ADDRESS **700 NW 107 AVE.**  
 CITY-ST-2IP **MIAMI, FL 33172**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-2IP

TITLE **V**  Delete  
 NAME **RUBIN, SHELLY**  
 STREET ADDRESS **760 NW 107TH AVE., SUITE 300**  
 CITY-ST-2IP **MIAMI, FL 33172**

TITLE  Change  Addition  
 NAME **1601 Washington Ave., Suite 800**  
 STREET ADDRESS **Miami Beach, FL 33139**  
 CITY-ST-2IP

TITLE **DCEO**  Delete  
 NAME **SAIONTZ, STEVEN J.**  
 STREET ADDRESS **760 NW 107TH AVE SUITE 314**  
 CITY-ST-2IP **MIAMI, FL 33172**

TITLE  Change  Addition  
 NAME **D**  
 STREET ADDRESS **848 Brickell Avenue, #100**  
 CITY-ST-2IP **Miami, FL 33131**

TITLE **AC**  Delete  
 NAME **LIEBERMAN, ARTHUR J**  
 STREET ADDRESS **760 NW 107TH AVE., SUITE 300**  
 CITY-ST-2IP **MIAMI, FL 33172**

TITLE  Change  Addition  
 NAME **1601 Washington Ave., Suite 800**  
 STREET ADDRESS **Miami Beach, FL 33139**  
 CITY-ST-2IP

TITLE **T**  Delete  
 NAME **JORDAN, MARGARET**  
 STREET ADDRESS **760 NW 107TH AVE SUITE 300**  
 CITY-ST-2IP **MIAMI, FL 33172**

TITLE  Change  Addition  
 NAME **1601 Washington Ave., Suite 800**  
 STREET ADDRESS **Miami Beach, FL 33139**  
 CITY-ST-2IP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE \_\_\_\_\_

**Arthur J. Lieberman**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/28/02**

Date

**305/695-5500**

Daytime Phone #

CR2E034 (10/02)