2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 09, 2003 8:00 am
Secretary of State
01-09-2003 90022 022 ***150.00

DOCUMENT # 338574

1. Entity Name
SOUTHERN PINE ISLE CORPORATION

Principal Place of Business	Mailing Address
28600 S.W. 132ND AVE.	28600 S.W. 132ND AVE.
HOMESTEAD FL 33033-2005	HOMESTEAD FL 33033-2005

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
28600 SW 132Nd AVE	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Homestead Fl.	City & State
Zip: 33033 Country: USA	Zip / Country

4. FEI Number 59-1227459 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
DUREIKO,JOSEPH
28600 SW 132 AVE.
HOMESTEAD FL

7. Name and Address of New Registered Agent
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 ______ DATE
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
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

TITLE	PD	☐ Delete
NAME	DUREIKO, JOSEPH	
STREET ADDRESS	28600 SW 132 AVE.	
CITY-ST-ZIP	HOMESTEAD FL	
TITLE	VPD	☐ Delete
NAME	DUREIKO, MARTIN J.	
STREET ADDRESS	28600 SW 132ND AVE.	
CITY-ST-ZIP	HOMESTEAD FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Joseph TUDOR DUREIKO [signature] 1-6-03 305 248 0783
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #