

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2001 8:00 am
Secretary of State

02-19-2001 90069 010 ***150.00

0488753

DOCUMENT # 365319

1. Entity Name

SOUTHERN PARKING, INC.

Principal Place of Business

**17031 W DIXIE HWY
 N MIAMI BCH FL 33160
 US**

Mailing Address

**17031 W DIXIE HWY
 N MIAMI BCH FL 33160
 US**

2. Principal Place of Business

420 S. Dixie Hwy

Suite, Apt. #, etc.

3. Mailing Address

420 S. Dixie Hwy

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Hallandale FL

City & State

Hallandale FL

4. FEI Number

59-1311071

Applied For

Not Applicable

Zip

33009

Country

US

Zip

33009

Country

US

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**KENT, WILLIAM
 17031 W DIXIE HWY
 N MIAMI BEACH FL 33160**

7. Name and Address of New Registered Agent

Name **William Kent**
 Street Address (P.O. Box Number is Not Acceptable)
420 S. Dixie Hwy
 City **Hallandale** FL **33009**

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)

DATE

2/12/01

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

TITLE	P	<input type="checkbox"/> Delete
NAME	KENT, WILLIAM	
STREET ADDRESS	17031 W DIXIE HWY	
CITY-ST-ZIP	N MIAMI BEACH FL 33160	
TITLE	V	<input type="checkbox"/> Delete
NAME	KENT, WILLIAM	
STREET ADDRESS	17031 W DIXIE HWY	
CITY-ST-ZIP	N MIAMI BEACH FL 33160	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	420 S. Dixie Hwy	
STREET ADDRESS	Hallandale, FL 33009	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	420 S. Dixie Hwy	
STREET ADDRESS	Hallandale, FL 33009	
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/12/01

CR2E034 (10/00)