## 2000 UNIFORM BUSINESS REPORT (UBR) FILED **DOCUMENT # 698772** Mar 22, 2000 8:00 am 1. Entity Name Secretary of State SOUTH MIAMI PROPERTIES, INC. 03-22-2000 90057 048 \*\*\*150.00 Mailing Address Principal Place of Business PO BOX 171383 18143 NW 66TH CT HIALEAH FL 33017-1383 HIALEAH FL 33015 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-2214292 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND RD PLANTATION FL 33327 Zip Code FL 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. 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 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Change TITI F PTD ☐ Delete TITLE NAME NAME SEILER, SEYMOUR A. STREET ADDRESS STREET ADDRESS 1504 S E LANCE WOOD TERRACE CITY-ST-ZIP CITY-ST-ZIP PALM CITY FL 34-1099 ☐ Addition □ Change ☐ Delete TITLE TITLE NAME SEILER, DOLORES J. NAME STREET ADDRESS STREET ADDRESS 1504 SE LANCEWOOD TERRACE CITY-ST-ZIP CITY-ST-ZIP PALM CITY FL 34099 Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP [] Change Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE Change ☐ Addition Delete TITLE

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

NAME

STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS

CITY-ST-ZIE

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR