

# 2002 UNIFORM BUSINESS REPORT (UBR)

0001013 AV

DOCUMENT # **A30489**

1. Entity Name

**SOUTHLAND INVESTMENTS LTD.**

FILED

02 MAY -1 AM 11:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

C/O RJS SHUTTS & BOWEN LLP  
201 S. BISCAYNE BLVD., #1500  
MIAMI FL 33131

Mailing Address

C/O RJS SHUTTS & BOWEN LLP  
201 S. BISCAYNE BLVD., #1500  
MIAMI FL 33131



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**DUE BY MAY 1, 2002**

City & State

City & State

4. FEI Number **65-0211524**

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

**CORPORATION COMPANY OF MIAMI**  
**201 S. BISCAYNE BLVD., STE. #1500**  
**CORAL GABLES FL 33134**

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.

SIGNATURE

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

DATE

9. Capital Contributions  
as Shown on record.

**\$73,500.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

11. **MAKE CHECK PAYABLE TO DEPT. OF STATE**  
**SEE REVERSE SIDE FOR FEE INFORMATION**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **P94000007605**  
NAME **HALF MOON OF SOUTH FLORIDA, INC.**  
STREET ADDRESS **C/O RJS 201 S. BISCAYNE BLVD., #1500**  
CITY-ST-ZIP **MIAMI FL 33131**

STREET ADDRESS

CITY-ST-ZIP

**200005554242--5**

DOCUMENT #  
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STREET ADDRESS  
CITY-ST-ZIP

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**-05/16/02--01026--001**

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14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

**Half Moon of South Florida, Inc., General Partner**

SIGNATURE: **By: [Signature] Linburgh Martin, President**

**APRIL 30, 2002**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)