

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 01, 2000 8:00 am**  
**Secretary of State**

02-01-2000 90099 011 \*\*\*150.00

**DOCUMENT # F20676**

1. Entity Name

**SOUTHWOOD DEVELOPMENT CORPORATION**

Principal Place of Business

Mailing Address

% DEAN VEGOSEN, ESO  
 500 SO AUSTRALIAN AVE  
 W PALM BCH FL 33401  
 US

% DEAN VEGOSEN, ESO  
 500 SO AUSTRALIAN AVE  
 W PALM BCH FL 33401-6223  
 US

80011290



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business *10 Dean Vegosen*

3. Mailing Address *10 Dean Vegosen*

**515 N. FLAGLER DRIVE**

**515 N. FLAGLER DRIVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**18<sup>th</sup> Floor**

**18<sup>th</sup> Floor**

City & State

City & State

**WEST PALM BEACH, FL**

**WEST PALM BEACH, FL**

Zip

Country

Zip

Country

**33401**

**USA**

**33401**

**USA**

4. FEI Number

**59-2779368**

Applied For

Not Applicable

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

VEGOSEN, DEAN  
 500 SO AUSTRALIAN AVE  
 10 FLOOR  
 W PALM BCH FL 33401

Name

**DEAN VEGOSEN**

Street Address (P.O. Box Number is Not Acceptable)

**515 N. FLAGLER DRIVE**

**18<sup>th</sup> FLOOR**

City

**WEST PALM BEACH FL**

Zip Code

**33401**

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

*Dean Vegosen*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

*1/13/00*

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, 2000 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	PD	<input type="checkbox"/> Delete
NAME	BORENSTEIN, STANLEY	
STREET ADDRESS	2165 CRESCENT	
CITY-ST-ZIP	MONTREAL, QUEBEC CANADA H3G-2C1	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	BORENSTEIN, HENA	
STREET ADDRESS	2165 CRESCENT	
CITY-ST-ZIP	MONTREAL, QUEBEC CANADA H3G-2C1	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
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:

*Stanley Borenstein*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/7/01/2000*  
 Date

*514-844-671*  
 Daytime Phone #