

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F20676

1. Entity Name

SOUTHWOOD DEVELOPMENT CORPORATION

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

02-01-2000 90099 011 ***150.00

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

3. Mailing Address

515 N. FLAGLER DRIVE

515 N. FLAGLER DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

18th Floor

18th 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

18th 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 ☐ Delete

NAME BORENSTEIN, STANLEY
STREET ADDRESS 2165 CRESCENT
CITY-ST-ZIP MONTREAL, QUEBEC CANADA H3G-2C1

TITLE VTD ☐ Delete

NAME BORENSTEIN, HENA
STREET ADDRESS 2165 CRESCENT
CITY-ST-ZIP MONTREAL, QUEBEC CANADA H3G-2C1

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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TITLE ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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

17/01/2000 514-844-671