

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 24, 2002 8:00 am**  
**Secretary of State**

05-24-2002 91262 024 \*\*\*150.00

**DOCUMENT # F97000002445**

1. Entity Name

**THE SOUTHWEST GROUP LTD**

Principal Place of Business

**103 SAN JEGA ST  
 STE 3  
 SAN TUREE PR 00912**

Mailing Address

**C/O FRANCISCO VALENCIA, SW GROUP LTD  
 PO BOX 20973  
 SAN JUAN PR 00910**

400220

2. Principal Place of Business

**171 SAN JORGE ST.  
 Suite, Apt. #, etc.  
 Suite 101**

3. Mailing Address

Suite, Apt. #, etc.

City & State

**SAN TUREE, P.R.**

City & State

Zip

Country

Zip

Country

Zip

Country

Zip

Country

Zip

Country

Zip

Country

Zip

Country

Zip

Country

Zip

Country

Zip

Country

Zip

Country

Zip

Country

Zip

Country

Zip

Country

Zip

Country

Zip

Country

Zip

Country

Zip

Country

Zip

Country

Zip

Country

Zip

Country

Zip

Country

Zip

Country

Zip

Country

Zip

Country

Zip

Country

Zip

Country

Zip

Country

Zip

Country

Zip

Country

Zip

Country

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

**FRANCISCO, VALENCIA**

**34 S. FED. HWY. STE. 8**

**DANIA FL 33004**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3. 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, 2002 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 **PVTS** ☐ Delete  
 NAME **VALENCIA, FRANCISCO**  
 STREET ADDRESS **103 SAN JORGE STREET**  
 CITY-ST-ZIP **SAN TUREE PR 00912**

TITLE **PVTS** ☐ Delete  
 NAME **Francisco Valencia**  
 STREET ADDRESS **171 SAN JORGE ST.**  
 CITY-ST-ZIP **SAN TUREE, P.R. 00911**

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  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 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

Date

Daytime Phone #

CR2E034 (9/01)