

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90062 023 ***150.00

DOCUMENT # K57329

1. Entity Name

DADE SOUTH DEVELOPMENT INVESTMENT CORP.

Principal Place of Business

~~14720 LEWIS RD~~
~~MIAMI LAKES FL 33014~~
~~US~~

Mailing Address

~~14720 LEWIS RD~~
~~MIAMI LAKES FL 33014~~
~~US~~

2. Principal Place of Business

6175 NW 153 ST
#224

3. Mailing Address

6175 NW 153 ST
#224

City & State

MIAMI LAKE, FL

City & State

MIAMI LAKE, FL

Zip

33014

Country

DADE

Zip

33014

Country

DADE

4. FEI Number

65-0132752

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PALACIO, PABLO A

~~14720 LEWIS RD~~
~~MIAMI LAKES FL 33014~~

7. Name and Address of New Registered Agent

Name

SANE

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

6175 NW 153 ST
Suite #224

City

MIAMI LAKE

FL

Zip Code

33014

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, 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	PD	<input type="checkbox"/> Delete
NAME	CARBAJAL, LAZARO	
STREET ADDRESS	14720 LEWIS RD	
CITY-ST-ZIP	MIAMI LAKES FL 33014	
TITLE	VPST	<input type="checkbox"/> Delete
NAME	PALACIO, PABLO	
STREET ADDRESS	14720 LEWIS RD	
CITY-ST-ZIP	MIAMI LAKES FL 33014	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	6175 NW 153 ST (Suite #224)	
CITY-ST-ZIP	MIAMI LAKE, FL 33014	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	6175 NW. 153 ST (Suite #224)	
CITY-ST-ZIP	MIAMI LAKE FL 33014	
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
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: (X) LAZARO CARBAJAL-Pres 02-25-02 (305)886-0022

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2F034 (9/01)