

2001 UNIFORM BUSINESS REPORT (UBR)

4/27/

FILED
Jun 15, 2001 8:00 am
Secretary of State

04-27-2001 90235 005 ***150.00

DOCUMENT # K66823

1. Entity Name

FLORIDA AGENTS SOUTH, INC.

LA

Principal Place of Business

3711 SW 47 AVE
SUITE 203
FT. LAUDERDALE FL 33314
US

Mailing Address

3711 SW 47 AVE
SUITE 203
FT. LAUDERDALE FL 33314
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0100266

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

HAURY, WILLIAM W., JR.
4875 N. FEDERAL HIGHWAY
10TH FLOOR
FORT LAUDERDALE FL 33308

Name

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

City

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

M. J. O'Connell

M. J. O'CONNELL

4/23/01

Signature must be printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when renewing)

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	PAEN, STEVEN	
STREET ADDRESS	3711 SW 47TH AVE, STE 203	
CITY-STATE-ZIP	FT. LAUDERDALE FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	O'CONNELL, JOSEPH	
STREET ADDRESS	3711 SW 47TH AVE, STE 203	
CITY-STATE-ZIP	FT. LAUDERDALE FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	DIAZ, OCTAVIO	
STREET ADDRESS	3711 SW 47TH AVE, STE 203	
CITY-STATE-ZIP	FORT LAUDERDALE FL 33314	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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CITY-STATE-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-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

4/23/01 954 321/002

CR2E034 (10/00)