

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K94943

1. Entity Name

SOUTHERN MANSIONS REALTY, INC.

**FILED**  
**Apr 05, 2000 8:00 am**  
**Secretary of State**

04-05-2000 90063 011 \*\*\*150.00

Principal Place of Business

Mailing Address

782 NW LEJUENE RD  
STE 441  
MIAMI FL 33126  
US

782 NW 42 AVE., STE. 441  
MIAMI FL 33126-5549  
US

2. Principal Place of Business

3. Mailing Address

782 NW LEJUENE RD.

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

441

City & State

City & State

MIAMI, FL

4. FEI Number

65-0131835

Applied For

Not Applicable

Zip

Country

Zip

Country

33126

USA

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

LUIS, AGUSTIN O. SR  
2115 COUNTRY CLUB PRADO  
CORAL GABLES FL 33134

Name

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

City

FL

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Delete  
NAME LUIS, OFELIA  
STREET ADDRESS 2115 COUNTRY CLUB PRADO  
CITY-ST-ZIP CORAL GABLES FL

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

TITLE D ☐ Delete  
NAME LUIS, AGUSTIN O., SR.  
STREET ADDRESS 2115 COUNTRY CLUB PRADO  
CITY-ST-ZIP CORAL GABLES FL

TITLE ☒ Change ☒ Addition  
NAME Patricia Luis Ramos  
STREET ADDRESS 2115 Country Club Prado  
CITY-ST-ZIP Coral Gables, FL 33134.

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME Agustin O. Luis, Jr.  
STREET ADDRESS 2115 Country Club Prado  
CITY-ST-ZIP Coral Gables, FL 33134.

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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)(l), 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:

*Agustin O. Luis, Sr.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
AGUSTIN O. LUIS, SR.

3/31/00 (305) 446-8700  
Date Daytime Phone #

CR2E034 (9/99)