

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90096 029 \*\*\*\*50.00

0013182

**DOCUMENT # L01000005546**

1. Entity Name

**SOUTH HILL INTERNATIONAL GROUP, L.L.C.**



Principal Place of Business

Mailing Address

**601 BRICKELL KEY DRIVE APT. 802  
MIAMI FL 33131**

**601 BRICKELL KEY DRIVE APT. 802  
MIAMI FL 33131**

2. Principal Place of Business

**80 SW 8 ST**

3. Mailing Address

**80 SW 8 ST**

Suite, Apt. #, etc.

**SUITE 2590**

Suite, Apt. #, etc.

**SUITE 2590**

City & State

**MIAMI, FLORIDA**

City & State

**MIAMI, FLORIDA**

Zip

**33130**

Country

**DADE**

Zip

**33130**

Country

**DADE**

4. FEI Number **65-1099061**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**ZAINY, TALAL  
601 BRICKELL KEY DRIVE APT. 802  
MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name **JOHN SOTORP**

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

**80 SW 8 STREET**

**SUITE 2590**

City

**MIAMI**

**FL**

Zip Code

**33130**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **CEO** ☐ Delete  
NAME **ZAINY, TALAL**  
STREET ADDRESS **7746 FLATER**  
CITY-ST-ZIP **MIAMI FL 33109**

TITLE **PD** ☐ Delete  
NAME **SOTORP, JOHN**  
STREET ADDRESS **540 BRICKELL KEY DR #1106**  
CITY-ST-ZIP **MIAMI FL 33131**

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

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **80 SW 8 ST, STE 2590**  
CITY-ST-ZIP **MIAMI, FL. 33130**

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

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

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CITY-ST-ZIP

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**(305) 350-9100**

CR2E083 (10/02)