

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
AMENDMENT

03 APR 23 AM 11:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000033508

1. Entity Name
SOUTH HAI PARTNERS, L.L.C.



Principal Place of Business
3440 HOLLYWOOD BLVD., STE. 360
HOLLYWOOD, FL 33021

Mailing Address
3440 HOLLYWOOD BLVD., STE. 360
HOLLYWOOD, FL 33021

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROTH, LEONARDO A ESQ.
3440 HOLLYWOOD BLVD., STE. 360
ROTH, ROUSSO & DARRACH, P.A.
HOLLYWOOD, FL 33021

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. 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

LEONARDO A. ROTH, ESQ 4-11-03

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR
NAME HORIGIAN, FERNANDO
STREET ADDRESS 3440 HOLLYWOOD BLVD., STE. 360
CITY-STATE-ZIP HOLLYWOOD, FL 33021 ☐ Delete

TITLE MGR
NAME JOSE HORIGIAN
STREET ADDRESS 3440 HOLLYWOOD BLVD, SUITE 360
CITY-STATE-ZIP HOLLYWOOD, FL 33021 ☐ Change ☒ Addition

TITLE MGR
NAME ROUSSO, MARK E
STREET ADDRESS 3440 HOLLYWOOD BLVD., STE. 360
CITY-STATE-ZIP HOLLYWOOD, FL 33021 ☒ Delete

TITLE MGR
NAME NAZARET SANTURIAN
STREET ADDRESS 3440 HOLLYWOOD BLVD, STE 360
CITY-STATE-ZIP HOLLYWOOD, FL 33021 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

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CITY-STATE-ZIP ☐ Change ☐ Addition

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CITY-STATE-ZIP ☐ Delete

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STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

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

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

Date

Daytime Phone #

FERNANDO HORIGIAN, MGR 4-11-03 954-

322-4280

CR2E083 (10/02)