

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90114 016 ***150.00

DOCUMENT # L24912

1. Entity Name

SOUTH FLORIDA NEW HOLLAND EQUIPMENT CORP.

Principal Place of Business

**C/O THOMAS L DAVID PA
1428 BRICKELL AVE 8TH FLOOR
MIAMI FL 33131**

Mailing Address

**C/O THOMAS L DAVID PA
1428 BRICKELL AVE 8TH FLOOR
MIAMI FL 33131**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0152633

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

**DAVID, THOMAS L.
1425 BRICKELL AVENUE, 8TH FLOOR
MIAMI FL 33131**

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **DP**
STREET ADDRESS **CARDENAL, JOSE V.**
CITY-ST-ZIP **7705 SW 139 TERR
MIAMI FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **SD**
STREET ADDRESS **NERET, MAURICIO**
CITY-ST-ZIP **6000 RIVIERA DR
MIAMI FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **VD**
STREET ADDRESS **HOLMANN, ERNESTO F**
CITY-ST-ZIP **89 BAY HEIGHTS DR
MIAMI FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **AS**
STREET ADDRESS **FERNANDEZ, MARIA R**
CITY-ST-ZIP **701 BRICKELL AVE STE 1550
MIAMI FL 33131**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **T**
STREET ADDRESS **SOLORZANO, JAVIER**
CITY-ST-ZIP **9047 SW 67 AVE
MIAMI FL 33143**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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)(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
JOSE V. CARDENAL

Date

JANUARY 25, 2002 (305) 247-1321

Daytime Phone #

CR2E034 (9/01)