

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L48242

1. Entity Name  
SOUTHERN RATE EXCHANGE, INC.

**FILED**  
**Jul 31, 2000 8:00 am**  
**Secretary of State**

07-31-2000 90007 001 \*\*\*150.00

Principal Place of Business  
C/O TOM SETTEMBRINI  
1717 N. BAYSHORE DR., STE. 2040  
MIAMI FL 33132

Mailing Address  
P.O. BOX 010551  
MIAMI FL 33101-0551

10070300



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0173256		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SETTEMBRINI, TOM 1717 N. BAYSHORE DR. #2040 MIAMI FL 33132		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 \_\_\_\_\_ (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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$550.00</b> <b>After SEPTEMBER 13, 2000 Min. will be \$750.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SETTEMBRINI, TOM 1717 N. BAYSHORE DR., STE. 2040 MIAMI FL 33132 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Tom Settembrini 7/25/00 305 530 9772  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

To whom it may concern, Attachment L48242  
A0070300

My name is Tom Settembrini, I am the  
president of Southern Rope Exchange Inc.  
I never received my first notice to renew.  
Your records show this because I called  
your office and they told me it was returned  
back to you by the post office. So  
therefore I am enclosing a check for  
\$1150.00 to renew my corporation. I hope  
everything is O.K.  
Thank you very much

Tom Settembrini