

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L96000000233

1. Entity Name

SOUTH POINT PROPERTIES LIMITED COMPANY

-FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 JAN 31 AM 8:12

Principal Place of Business

2963 SW 22ND TERRACE
MIAMI FL 33145

Mailing Address

2963 SW 22ND TERRACE
MIAMI FL 33145-3305



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

65-0648254

Applied For
Not Applicable

Zip

Country

Zip

Country

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

PAUCAR, CARLOS.

2963 SW 22ND TERRACE
MIAMI FL 33145

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME PAUCAR, CARLOS
STREET ADDRESS 2963 SW 22ND TERRACE
CITY-ST-ZIP MIAMI FL 33145

☐ Change ☐ Addition
300003121623--4
-02/02/00--01108--001
*****50.00 *****50.00

TITLE MGR ☐ Delete
NAME PAUCAR, MANUEL
STREET ADDRESS 2963 SW 22ND TERRACE
CITY-ST-ZIP MIAMI FL 33145

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-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 OR MANAGER

Date

Daytime Phone #