

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L96000000233

1. Entity Name
SOUTH POINT PROPERTIES LIMITED COMPANY

Principal Place of Business
2963 SW 22ND TERRACE
MIAMI FL 33145

Mailing Address
2963 SW 22ND TERRACE
MIAMI FL 33145

2. Principal Place of Business
2962 SW 22nd Terr.
Suite, Apt. #, etc.

3. Mailing Address
2962 SW 22nd Terr.
Suite, Apt. #, etc.

City & State
Miami, FL
Zip
33145
Country
USA

City & State
Miami, FL
Zip
33145
Country
USA

4. FEI Number 65-0648254

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PAUCAR, CARLOS
2963 SW 22ND TERRACE
MIAMI FL 33145

7. Name and Address of New Registered Agent

Name
Paucar, Carlos
Street Address (P.O. Box Number is Not Acceptable)
2962 SW 22nd Terrace
City Miami FL Zip Code 33145

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

4/23/01

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

9. MANAGING MEMBERS/MEMBERS

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

☐ Change ☐ Addition
100004190991--1
-05/09/01--01083--003
*****50.00 *****50.00

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

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

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

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

TITLE
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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/23/01 305-447-0071

APPROVED
AND
FILED

01 APR 26 PM 1:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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CR2E083 (11/00)