

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L96000001317

1. Entity Name
SOUTHERN FINANCIAL MANAGEMENT, L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 AUG -4 AM 9:02

Principal Place of Business: 600 BRICKELL AVE., SUITE 206F MIAMI FL 33131
Mailing Address: 600 BRICKELL AVE., SUITE 206F MIAMI FL 33131



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: Suite, Apt. #, etc. City & State

3. Mailing Address: Suite, Apt. #, etc. City & State

4. FEI Number: 65-0713626 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

VALENTIN, CARLOS M ESQ.
1001 BRICKELL BAY DRIVE
SUITE 2206
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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	SEGRERA, ANA MARIA	
STREET ADDRESS	1001 BRICKELL BAY DRIVE, SUITE 2206	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	BELTRAN, AUGUSTO JR.	
STREET ADDRESS	1001 BRICKELL BAY DRIVE, SUITE 2206	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	BELTRAN, AUGUSTO SR.	
STREET ADDRESS	1001 BRICKELL BAY DRIVE, SUITE 2206	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	LECOMPT, GUSTAVO	
STREET ADDRESS	1001 BRICKELL BAY DRIVE, SUITE 2206	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	BELTRAN, ANA MARIA	
STREET ADDRESS	1001 BRICKELL BAY DRIVE, SUITE 2206	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	MONROY, ARMANDO	
STREET ADDRESS	1001 BRICKELL BAY DRIVE, SUITE 2206	
CITY-ST-ZIP	MIAMI FL 33131	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date: 7/18/00 (305) 265 2984
Daytime Phone #

CR2E083 (5/00)