

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L96-1317
1. Entity Name
 Southern Financial Management LLC

FILED

01 JUL -2 AM 8:47

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business
 MIAMI, FL

Mailing Address
 5898 N.W. 109 AVE
 MIAMI, FL 33178

2. Principal Place of Business
 MIAMI

3. Mailing Address
 5898 NW 109 AVE

DO NOT WRITE IN THIS SPACE

City & State
 MIAMI, Florida

City & State
 MIAMI Florida

Zip 33178 **Country** USA

Zip 33178 **Country** USA

4. FEI Number 65-0713626 **Applied For**
 Not Applicable

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

6. Name and Address of Current Registered Agent
 Carlos Valentin

7. Name and Address of New Registered Agent
 Name: Gustavo Lecompte
 Street Address (P.O. Box Number is Not Acceptable):
 5898 N.W. 109 AVE
 City: MIAMI FL Zip Code: 33178

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]* **DATE** June 28, 2001

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. MANAGING MEMBERS/MEMBERS

TITLE	President	<input type="checkbox"/> Delete
NAME	Gustavo Lecompte	
STREET ADDRESS	5898 N.W. 109 AVE	
CITY-ST-ZIP	MIAMI, FL 33178	
TITLE	Partner	<input type="checkbox"/> Delete
NAME	Ana Maria Beltran	
STREET ADDRESS	5898 NW 109 Ave	
CITY-ST-ZIP	MIAMI, FL 33178	
TITLE	Partner	<input type="checkbox"/> Delete
NAME	Augusto Beltranz SR.	
STREET ADDRESS	5898 NW 109 Ave	
CITY-ST-ZIP	MIAMI, FL 33178	
TITLE	Partner	<input type="checkbox"/> Delete
NAME	Ana Maria Segre de Beltran	
STREET ADDRESS	5898 NW 109 AVE	
CITY-ST-ZIP	MIAMI, FL 33178	
TITLE	Partner	<input type="checkbox"/> Delete
NAME	Augusto Beltran Jr	
STREET ADDRESS	5898 NW 109 AVE	
CITY-ST-ZIP	MIAMI, FL 33178	
TITLE	Partner	<input type="checkbox"/> Delete
NAME	Armando Monroy	
STREET ADDRESS	5898 NW 109 AVE	
CITY-ST-ZIP	MIAMI FL 33178	

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	300004475593--3	
STREET ADDRESS	-07/16/01--01004--008	
CITY-ST-ZIP	*****50.00 *****50.00	
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)(l), 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]* **DATE** June 28, 2001 **Daytime Phone #** 305 205 2984

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE