

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000001531

1. Entity Name

SOUTHERN HOMES OF BROWARD L.C.

FILED

00 JAN 24 AM 11:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

7990 SW 117TH AVE.

MIAMI FL 33183

Mailing Address

7990 SW 117TH AVE.

MIAMI FL 33183-3845



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0860436

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WAYNE, ROBERT

1225 S.W. 87TH AVE.

MIAMI FL 33174

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

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGR
SOUTHERN HOMES OF BROWARD, INC.
7990 SW 117TH AVE., STE 135
MIAMI FL 33183 ☐ 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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
200003119942--3
-02/01/00--01148--019
*****55.00 *****55.00 ☐ Change ☐

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

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

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

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

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

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 of the registrant 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 #

President Southern Homes of Broward Inc
1/14/2000 305-232-3533