

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000004031

1. Entity Name

SOUTH BAY DEVELOPERS, L.C.

APPROVED  
AND  
FILED

01 MAY -2 AM 10:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
104 CRANDON BOULEVARD, SUITE 417 104 CRANDON BOULEVARD, SUITE 417  
KEY BISCAYNE FL 33149 KEY BISCAYNE FL 33149

2. Principal Place of Business 3. Mailing Address  
104 CRANDON Blvd 104 CRANDON Blvd.  
Suite, Apt. #, etc. 306 Suite, Apt. #, etc. 306

City & State City & State  
Key Biscayne, FL. Key Biscayne, FL.  
Zip Country Zip Country  
33149 US 33149 US

4. FEI Number 65-0933648 Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$5.00 Additional  
Fee Required



DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

MIAMI CORPORATE SYSTEMS, INC.  
5200 BLUE LAGOON DRIVE, SUITE 700  
MIAMI FL 33126

## 7. Name and Address of New Registered Agent

Name Orlando Cabrera  
Street Address (P.O. Box Number is Not Acceptable)  
701 Brickell Ave Ste 1900  
City Miami FL Zip Code 33131

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. (NOT Registered Agent signature required when reinstating) DATE  
Orlando Cabrera (Lawyer) 4/27/01

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

8000004302868--9  
-05/23/01--01104--008  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

## 9. MANAGING MEMBERS / MEMBERS

|  |  |                                 |
|--|--|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>CORTES, ROBERTO<br>104 CRANDON BLVD., SUITE 417<br>KEY BISCAYNE FL 33149 | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>CITO LOPEZ, INC.<br>741 HERON ROAD<br>WESTON FL 33326                    | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>PROPER INVESTMENTS<br>3570 N.W. 135 STREET<br>OPA LOCKA FL 33054         | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete |

## 10. ADDITIONS / CHANGES

|  |   |  |
|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>CORTES, Roberto<br>104 CRANDON Blvd # 306<br>Key Biscayne, FL 33149 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> 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: Guillermo Medeno 4/27/01 (385) 365-7676  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)