

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 MAY 22 AM 9:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

DOCUMENT # L99000004150

1. Entity Name  
OAKS SOUTH, L.L.C.

Principal Place of Business  
13200 SW 128TH STREET, SUITE F-1  
MIAMI FL 33186

Mailing Address  
13200 SW 128TH STREET, SUITE F-1  
MIAMI FL 33186-5831

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-094-3046

Applied For  
Not Applicable

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

EXPERTISE INTERNATIONAL, CORP.  
13200 SW 128TH STREET, SUITE F-1  
MIAMI FL 33186

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

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME MGR  
STREET ADDRESS EXPERTISE INTERNATIONAL CORP.  
CITY- ST- ZIP 13200 SW 128TH STREET, SUITE F-1  
MIAMI FL 33186

TITLE NAME  
STREET ADDRESS  
CITY- ST- ZIP  
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-06/12/00--01015--013  
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CITY- ST- ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 OR MANAGER

Date

Daytime Phone #

CR2E081 (9/9/1)