

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000006758

1. Entity Name

SOUTH BAY DEVELOPERS II, L.C.

Principal Place of Business

104 CRANDON BOULEVARD, SUITE 417
KEY BISCAYNE FL 33149

Mailing Address

104 CRANDON BOULEVARD, SUITE 417
KEY BISCAYNE FL 33149

2. Principal Place of Business

104 CRANDON Blvd
Suite, Apt. #, etc.
306

3. Mailing Address

104 Crandon Blvd
Suite, Apt. #, etc.
306

City & State

Key Biscayne Fl

City & State

Key Biscayne, Fl

Zip

33149

Country

US

Zip

33149

Country

US

4. FEI Number

65-0955250

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MIAMI CORPORATE SYSTEMS, INC.
5200 BLUE LAGOON DRIVE
STE 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 3100

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

Orlando Cabrera (Lawyer)

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/27/01

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

ch # 242 ENB

9. MANAGING MEMBERS/MEMBERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
ALLEGIANCE PARTNERS, INC.
104 CRANDON BLVD., SUITE 417
KEY BISCAYNE FL 33149 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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TITLE
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CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
600004420136--0
-06/14/01--01073--007
*****50.00 *****50.00
☐ Change ☐ Addition

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

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

ORLANDO CABRERA

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

4/27/01 (305)365-7676

Date

Daytime Phone #

0009791 AF

CR2E083 (11/00)

FILED

01 JUN -4 PM 1:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE