

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # M28213**

1. Entity Name

SOUTH DADE CAPITAL PROPERTIES, INC.**FILED**
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90041 023 ***150.00

Principal Place of Business

Mailing Address

~~9745 GUNSET DR. STE 204~~

PO BOX 1105

MIAMI FL 33173
US

MIAMI FL 33256-1105

7620 SW 148 Terr.
MIAMI-FL 33158

00000040



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2692906**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ASTUDILLO, ALEX

Name

~~9745 GUNSET DR. STE 204~~
~~MIAMI FL 33173~~

Street Address (P.O. Box Number is Not Acceptable)

7620 SW 148 Terr.
MIAMI-FL 33158

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 _____

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME ASTUDILLO, ALEX
STREET ADDRESS ~~9745 GUNSET DR. STE 204~~
CITY-ST-ZIP ~~MIAMI FL 33173~~ New Address:TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 7620 SW 148 Terr.
CITY-ST-ZIP MIAMI-FL 33158TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 or supplemental reports is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04-26-01 305-254-2168

CR2E034 (10/00)