

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 12, 2002 8:00 am**  
**Secretary of State**  
 05-12-2002 90541 015 \*\*\*150.00

**DOCUMENT # M28213**  
**1. Entity Name**  
**SOUTH DADE CAPITAL PROPERTIES, INC.**

**Principal Place of Business** **Mailing Address**  
~~7020 SW 148 TERRACE~~ **PO BOX 1105**  
~~MIAMI FL 33158~~ **MIAMI FL 33256-1105**  
**US**

**2. Principal Place of Business** **3. Mailing Address**  
**8120 SW 160 St.**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

**City & State** **City & State**  
**MIAMI FL**  
**33157** **DADE** **Zip** **Country**

**4. FEI Number** **59-2692906** **Applied For**  
**Not Applicable**  
**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**  
~~7020 SW 148 TERRACE~~ **8120 SW 160 St.** **Street Address (P.O. Box Number is Not Acceptable)**  
~~MIAMI FL 33158~~ **MIAMI-FL 33157**  
**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.** **FILE NOW!!! FEE IS \$150.00** **10. Election Campaign Financing** **\$5.00 May Be**  
**(See criteria on back)** **After May 1, 2002 Fee will be \$550.00** **Trust Fund Contribution.** **Added to Fees**  
**Make Check Payable to Department of State**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>PD</b> <b>ASTUDILLO, ALEX</b> <del>7020 SW 148 TERRACE</del> <b>8120 SW 160 St</b> <del>MIAMI FL 33158</del> <b>MIAMI-FL 33157</b>	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> <b>Delete</b> <input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> <b>Delete</b>	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
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**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 report 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** **04-22-02 305-254-2168**  
**DATE** **Daytime Phone #**