

1/10/01-9005

FILED

May 17, 2001 8:00 am
Secretary of State

01-10-2001 90053 001 ***350.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000005370

1. Entity Name

SUNSOUTH PLACE, INC.

Principal Place of Business

155 SOUTH MIAMI AVENUE #1150
MIAMI FL 33131

Mailing Address

155 SOUTH MIAMI AVENUE #1150
MIAMI FL 33131

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1072394

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PALMER, PAUL
12780 SO. DIXIE HIGHWAY
MIAMI FL 33156

7. Name and Address of New Registered Agent

Name MARIA PELLERIN

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

155 SOUTH MIAMI AVENUE STE 1150

City MIAMI

FL

Zip 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.

(NOTE: Registered Agent signature required when reinstating)

DATE

JAN 3, 01

FILE NOW:
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	☐ Delete
NAME	J. ED BELL	
STREET ADDRESS	1773 NW 79 AVENUE	
CITY-ST-ZIP	MIAMI FL 33126	

TITLE	VD	☐ Delete
NAME	JACKSON, FRED	
STREET ADDRESS	1 ALHAMBRA PLAZA	
CITY-ST-ZIP	CORAL GABLES FL 33134	

TITLE	SD	☐ Delete
NAME	CASALE, FRANKLYN	
STREET ADDRESS	16400 NW 32 AVENUE	
CITY-ST-ZIP	MIAMI FL 33054	

TITLE	TD	☒ Delete
NAME	BROOKS, JERRY	
STREET ADDRESS	506 PERUGIA AVENUE	
CITY-ST-ZIP	CORAL GABLES FL 33186	

TITLE	D	☒ Delete
NAME	PELLERIN, MARIA	
STREET ADDRESS	200 SE 1 AVENUE #704	
CITY-ST-ZIP	MIAMI FL 33131	

TITLE	D	☒ Delete
NAME	ASKINS, GAIL	
STREET ADDRESS	9821 SW 165 TERRACE #1	
CITY-ST-ZIP	MIAMI FL 33157	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE	TD	☐ Change ☒ Addition
NAME	GONZALEZ-DE RANON	
STREET ADDRESS	701 BRICKELL AVENUE	
CITY-ST-ZIP	MIAMI FL 33131	

TITLE	ED	☐ Change ☐ Addition
NAME	MARIA PELLERIN	
STREET ADDRESS	155 S. MIAMI AVENUE STE 1150	
CITY-ST-ZIP	MIAMI FL 33131	

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

2. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 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 #

JAN 3, 01 305-371-8300

CR2E037 (10/00)