

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000005370

1. Entity Name

SUNSOUTH PLACE, INC.

Principal Place of Business

Mailing Address

155 SOUTH MIAMI AVENUE #1150  
MIAMI FL 33131

155 SOUTH MIAMI AVENUE #1150  
MIAMI FL 33131

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

65-1072394

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

PELLERIN, MARIA  
155 SOUTH MIAMI AVENUE  
SUITE 1150  
MIAMI FL 33131

Name MARIA PELLERIN BARCUS

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

155 SOUTH MIAMI AVENUE

SUITE 1150

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution.



\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE TD  
NAME GONZALO- DE, RADON  
STREET ADDRESS 701 BRICKELL AVENUE  
CITY-ST-ZIP MIAMI FL 33131 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE VD  
NAME LINDA S. QUICK  
STREET ADDRESS 6363 TAFT STREET STE 200  
CITY-ST-ZIP HOLLYWOOD FL 33024 ☐ Change ☒ Addition

TITLE CD  
NAME FREDERICK JACKSON  
STREET ADDRESS 1 ALHAMBRA PLAZA 8TH FLOOR  
CITY-ST-ZIP CORAL GABLES FL 33134 ☒ Change ☐ Addition

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

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

TITLE P  
NAME MARIA PELLERIN BARCUS  
STREET ADDRESS 155 SOUTH MIAMI AVENUE STE 1150  
CITY-ST-ZIP MIAMI FLORIDA 33131 ☒ Change ☐ Addition

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

12. 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-02

Date

(305) 371-8300

Daytime Phone #

CR2E037 (9/01)

FILED  
Jun 03, 2002 8:00 am  
Secretary of State

05-16-2002 90022 004 \*\*\*\*70.00



DO NOT WRITE IN THIS SPACE