## 2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # N07171 1. Entity Name SOUTH MIAMI BUSINESS CENTER SEC. TWO CONDOMINIUM Principal Place of Business Mailing Address 13800 SW 144TH AVE ED MIAMI FL 33186 US 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State City & State SUITS, STEPHEN C/O LAND CAP PROPERTY SVCS 13800 SW 144TH AVE RD MIAMI FL 33186 Street Address (P.O. Box Number is Not Acceptable) City MIAMI FL 33186 Street Address (P.O. Box Number is Not Acceptable) City MIAMI FL 33186 Street Address (P.O. Box Number is Not Acceptable) City MIAMI FL 33188 6. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Flori

## FILED Mar 02, 2001 8:00 am Secretary of State

03-02-2001 90029 046 \*\*\*\*61.25



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		/ Zip			5. Certificate of					
	6. Name and Addres	ss of Current Registered Ag	ent		7. Name and A	ddress of New Regist	ered Ag	ent		
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SUITS, STEPHEN C/O LAND CAP PROPERTY SVCS				Street Address (P.O. Box Number is Not Acceptable)						
13800 SW 144TH AVE RD MIAMI FL 33186			City			FL	Zip Code	e <u>-</u>		
8. The above	e named entity submits th	is statement for the purpose of	of changing its regist	ered office or re	egistered agent, or both,	in the state of Florida.			. =	
SIGNATURE	Signature, typed or printed name	of registered agent and title if applicable	. (NOTE: Regist	ered Agent signature	required when reinstating)		DATE			
FILE NOW: 9. Election Campaign Fina				\$5.00 May Be Make Check Paya						
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10.		CERS AND DIRECTORS		1.	ADDITIONS/CHAN	IGES TO OFFICERS AI				
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NAME STREET ADDRESS	BURNS, JERRY			TREET ADDRESS						
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12. Thereby 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 altother like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #