

# 000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N09583

1. Entity Name

SOUTH MIAMI BUSINESS CENTER SEC. THREE CONDOMINI

Principal Place of Business

7100 SW 47TH STREET  
7104 SW 47 ST.  
MIAMI FL 33155  
US

Mailing Address

8602 SW 102 STREET  
MIAMI FL 33156  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STEVERDING, PATRICIA  
8602 SW 102 ST  
MIAMI FL 33156

Name

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

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

*Patricia A. Steverding*

9-6-00

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  
After September 13, 2000 min. will be \$236.25

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 D ☐ Delete  
NAME NEAL, LESLIE  
STREET ADDRESS 7124 S.W. 47TH STREET  
CITY-ST-ZIP MIAMI FL

TITLE ☐ Change ☐ Addition  
NAME 300003471093--6  
STREET ADDRESS -11/20/00--01140--011  
CITY-ST-ZIP \*\*\*\*\*175.00 \*\*\*\*\*175.00

TITLE TD ☐ Delete  
NAME STEVERDING, JOHN  
STREET ADDRESS 8602 SW 102 STREET  
CITY-ST-ZIP MIAMI FL 33156

TITLE ☐ Change ☐ Addition  
NAME 300003471093--6  
STREET ADDRESS -11/20/00--01140--012  
CITY-ST-ZIP \*\*\*\*\*61.25 \*\*\*\*\*61.25

TITLE PD ☐ Delete  
NAME HESS, JAY  
STREET ADDRESS 7116 SW 47TH STREET  
CITY-ST-ZIP MIAMI FL 33155

TITLE ☐ Change ☐ Addition  
NAME *[Signature]*  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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:

*Patricia A. Steverding* *John A. Steverding*

9-6-00

271-5936

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)