

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000005360

FILED  
Mar 06, 2012  
Secretary of State

Entity Name: SOUTH MIAMI UNITED, INC.

**Current Principal Place of Business:**

SOUTH MIAMI PARK  
4300 SW 58TH AVENUE  
MIAMI, FL 33146

**New Principal Place of Business:**

**Current Mailing Address:**

4649 PONCE DE LEON LEON BLVD  
SUITE 303  
CORAL GABLES, FL 33146

**New Mailing Address:**

FEI Number: 27-2779195

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

TOLGYESI, ANTHONY L  
4649 PONCE DE LEON BLVD.  
303  
CORAL GABLES, FL 33146 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: FLOOD, PATRICK  
Address: 4649 PONCE DE LEON BLVD, SUITE 303  
City-St-Zip: CORAL GABLES, FL 33146

Title: VP  
Name: MASERI, ROBERT  
Address: 4649 PONCE DE LEON BLVD, SUITE 303  
City-St-Zip: CORAL GABLES, FL 33146

Title: VP  
Name: HERNANDEZ, PEDRO  
Address: 4649 PONCE DE LEON BLVD, SUITE 303  
City-St-Zip: CORAL GABLES, FL 33146

Title: TREA  
Name: TOLGYESI, ANTHONY L  
Address: 4649 PONCE DE LEON BLVD, SUITE 303  
City-St-Zip: CORAL GABLES, FL 33146

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ANTHONY L. TOLGYESI

TREA

03/06/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date