FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State
05-02-2002 90105 027 ***158.75

DOCUMENT # P00000035795

1. Entity Name
SOUTH GATE HOMES, INC.

00450

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
13343 SW. 88 AVE.	13343 SW 88 AVE.
Suite, Apt. #, etc. —	Suite, Apt. #, etc. —
City & State: MIAMI, FL.	City & State: MIAMI, FL.
Zip: 33176 Country: USA	Zip: 33176 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0998070 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: CARLOS DE LA CRUZ

Street Address (P.O. Box Number is Not Acceptable): 13343 SW. 88 AVE.

City: MIAMI FL Zip Code: 33176

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: Carlos De La Cruz 5-17-02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1- May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PRESIDENT, TREASURER
NAME	CARLOS DE LA CRUZ
STREET ADDRESS	13343 SW. 88 AVE.
CITY-ST-ZIP	MIAMI, FL. 33176
TITLE	VICE PRESIDENT, SECRETARY
NAME	FERNANDO SOLSAMENDI, JR.
STREET ADDRESS	13343 SW. 88 AVE.
CITY-ST-ZIP	MIAMI, FL. 33176
TITLE	
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CR2E034B (12/01)

13. 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 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: Carlos De La Cruz CARLOS DE LA CRUZ 4-18-02 305-2539830
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #