

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000051605

1. Entity Name

SOUTH 101 INVESTMENT, INC.

Principal Place of Business

2875 N.E. 191ST ST., PH 3A
AVENTURA FL 33180

Mailing Address

2742 BISCAYNE BLVD
MIAMI FL 33137

Principal Place of Business

2600 SW Third Ave.
Suite, Apt. #, etc. 730

3. Mailing Address

Suite, Apt. #, etc.

City & State

MIAMI - FLORIDA

City & State

4. FEI Number

65-1010712

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

DE VARONA, RAUL SANCHEZ
145 MADERIA AVENUE
SUITE 310
CORAL GABLES FL 33134

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

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) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD BARBAGALLO, MIGUEL ANGEL 2875 N.E. 191ST ST., PH 3A AVENTURA FL 33180	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RIZZUTI, CARLOS 2875 N.E. 191ST ST., PH 3A AVENTURA FL 33180	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BARBAGALLO, SEBASTIAN 2875 N.E. 191ST ST., PH 3A AVENTURA FL 33180	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 registered agent empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment to this address, with all other like empowered.

SIGNATURE:  **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/02 305 899 9787
Date Daytime Phone

FILED
May 29, 2002 8:00 am
Secretary of State

04-22-2002 90218 046 ***150.00

01230



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)