

2002 UNIFORM BUSINESS REPORT (UBR)

4/23

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

04-23-2002 90368 013 ***150.00

DOCUMENT # P00000051630

1. Entity Name
SOUTH BAY INVESTMENT, INC.

Principal Place of Business
~~2875 NE 191 STREET, PH 3A~~
~~AVENTURA FL 33180~~

Mailing Address
2742 BISCAYNE BLVD
MIAMI FL 33137

2. Principal Place of Business
2600 SW 3rd AVE
 Suite, Apt. #, etc. **730**

3. Mailing Address
 Suite, Apt. #, etc.

City & State
MIAMI - FLORIDA

City & State

4. FEI Number **65-1010715**

Applied For
 Not Applicable

Zip **33129** Country **USA**

Zip Country

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~ROUSSE, MARK E ESQ.~~
~~145 MADEIRA AVE~~
~~STE 310~~
~~COBAL GABLES FL 33134~~

ROUSSE, Mark E Esq
145 Madeira Ave
STE 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	<input type="checkbox"/> Delete
PSD	BARBAGALLO, MIGUEL ANGEL	2875 NE 191 STREET, PH 3A	AVENTURA FL 33180	<input type="checkbox"/>
VPD	RIZZUTI, CARLOS	2875 NE 191 STREET, PH 3A	AVENTURA FL 33180	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 Block 12 if changed, or on an attachment with all other like empowered.

SIGNATURE:

EXEMPTION REQUIRED
 SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/02
 Date

305-859-9787
 Daytime Phone #

CR2034 (9/01)