

5/11

FILED
Jun 15, 2001 8:00 am
Secretary of State

05-18-2001 91218 010 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000070964

1. Entry Name

SOUTH S.T. LUCIE INVESTMENTS, INC

Principal Place of Business

145 MADEIRA AVE
 SUITE 310
 CORAL GABLES FL. 33134

Mailing Address

145 MADEIRA AVE
 SUITE 310
 CORAL GABLES FL. 33134

48689

2. Principal Place of Business

21 Suite, Apt. #, etc.

3. Mailing Address

26 Suite, Apt. #, etc.

22 City & State

27 City & State

4. FBI Number

65-103-0122

Applied For

Not Applicable

23 Zip

County

24 Zip

County

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

SANCHEZ DE VARONA RAUL
 145 MADEIRA AVE
 CORAL GABLES

81 RAUL SANCHEZ DE VARONA

82 Street Address (P.O. Box Number is Not Acceptable) TEL 305 443 8100

83 145 MADEIRA AVE SUITE 310

84 FL

8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida

SIGNATURE

Signature, typed or printed name of registered agent and title of 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!!! FEB IS \$150.00

After MAY 1, 2000 Fee will be \$350.00

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-STATE-ZIP

☐ DELETE

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

Miguel Angel Barbagallo ☐ Change ☒ Addition
 Director
 240 Crandon Blvd, Ste 101
 Key Biscayne, FL 33149

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

Alberto J. Barbagallo ☐ Change ☒ Addition
 Director
 240 Crandon Blvd, Ste 101
 Key Biscayne, FL 33149

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

☐ Change ☐ Addition

13. I do 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 annual report or supplemental annual 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 or in Block 13 with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Device Phone #

6-8-01

305-443-8600