

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000101144

1. Entity Name
SOUTHERN ALLIANCE GROUP, INC.

Principal Place of Business

**1215 LENOX AVENUE
MIAMI BEACH FL 33139**

Mailing Address

**1215 LENOX AVENUE
MIAMI BEACH FL 33139**

2. Principal Place of Business

1356 SW 8th St

Suite, Apt. #, etc.

3. Mailing Address

9895 NW 14 CT

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

PEMBROKE PINES FL

4. FEI Number

65 1051292

Applied For

Not Applicable

Zip

33135

Country

USA

Zip

33024

Country

USA

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

**RIVERA, ROSIE
1215 LENOX AVENUE
MIAMI BEACH FL 33139**

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. ☐

FILE NOW!!! FEE IS \$150.00

**After MAY 1, 2001 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 **PSD** ☐ Delete
NAME **RIVERA, ROSIE**
STREET ADDRESS **1215 LENOX AVENUE**
CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VTD** ☐ Delete
NAME **CANN, JAMES**
STREET ADDRESS **1215 LENOX AVENUE**
CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE ☒ Change ☐ Addition
NAME **CANN, JAMES**
STREET ADDRESS **9895 NW 14 CT**
CITY-ST-ZIP **PEMBROKE PINES FL 33024**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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 an address, with all other like empowered.

SIGNATURE:

JAMES CANN

JAMES CANN

4/20/01

954 357-4765

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90068 024 ***150.00



DO NOT WRITE IN THIS SPACE