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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # p00000103661

1. Entity Name

SOUTHSIDE INTERNATIONAL, INC

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
5560 NW 61 STREET	SAME
Suite, Apt. #, etc.: APT 711	Suite, Apt. #, etc.:
City & State: COCONUT CREEK, FL	City & State:
Zip: 33073 Country:	Zip: Country:

4. FEI Number: 65-1089154 ☐ 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: DECIO E. SANTO

Street Address (P.O. Box Number is Not Acceptable): 5560 NW 61 STREET/APT 711

City: COCONUT CREEK FL Zip Code: 33073

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. I am familiar with, and accept the obligations of, registered agent.

SIGNATURE: DECIO E. SANTO 03/13/2003

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DECIO E. SANTO
STREET ADDRESS	5560 NW 61 STREET/ APT 711
CITY-ST-ZIP	COCONUT CREEK, FL 33073
TITLE	VP
NAME	JANE E. SANTO
STREET ADDRESS	5560 NW 61 STREET/ APT 711
CITY-ST-ZIP	COCONUT CREEK, FL 33073
TITLE	T
NAME	CASSIA FORTES
STREET ADDRESS	3570 W hillsboro blvd#207
CITY-ST-ZIP	COCONUT CREEK, FL 33073
TITLE	S
NAME	CATIA SWENSEN
STREET ADDRESS	5648 NW 127 TERR
CITY-ST-ZIP	CORAL SPRINGS, FL 33076
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CR2E034B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: DECIO E. SANTO 03/13/2003 (954) 427-8067

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #