

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 09, 2002 8:00 am**  
**Secretary of State**

05-09-2002 90081 017 \*\*\*150.00

**DOCUMENT #** P01000027430

**1. Entity Name**

AMERICAN SUTH GROUP CO. INC.

**DO NOT WRITE IN THIS SPACE**

80093284

**2. Principal Place of Business**

2041 NW 27 AVE

Suite, Apt. #, etc.

MIAMI FL. 33142

City & State

Zip

Country

**3. Mailing Address**

Suite, Apt. #, etc.

City & State

Zip

Country

DO NOT WRITE IN THIS SPACE

**4. FEI Number**

65-1106217

Applied For

Not Applicable

**5. Certificate of Status Desired** ☐

**\$8.75** Additional  
Fee Required

**7. Name and Address of Current Registered Agent**

Name

RUBEN O. FANJUL

Street Address (P.O. Box Number is Not Acceptable)

2101 ATLANTAC SH BLVD APT 311 B7

City

HALLANDALE, FL.

FL

Zip Code  
33009

**DO NOT WRITE  
IN THIS SPACE**

**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) ☐

**January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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**

**TITLE**  
**NAME** P REBEN O. FANJUL  
**STREET ADDRESS** 2101 ATLANTIC SH BLVD #311  
**CITY-ST-ZIP** HALLANDALE FL 33009

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CR2E034B (12/01)

**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 on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/03/02