

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90370 016 ***150.00

DOCUMENT # P01000048746

1. Entity Name
SOUTHERN STATES REAL ESTATE, INC.



Principal Place of Business
4420 NE 13TH TERRACE
OAKLAND PARK FL 33334

Mailing Address
4420 NE 13TH TERRACE
OAKLAND PARK FL 33334



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-1108514**

Applied For

Not Applicable

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

ILARIA, ROCCO
4420 NE 13TH TERRACE
OAKLAND PARK FL 33334

Name

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

4036 NE 5TH AVE

City

OAKLAND PARK

FL

Zip Code

33334

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: **P** ☐ Delete
NAME: **ILARIA, ROCCO**
STREET ADDRESS: **4420 NE 13TH TERRACE**
CITY-ST-ZIP: **OAKLAND PARK FL 33334**

TITLE: ☐ Change ☐ Addition
NAME: **4036 NE 5TH AVE**
STREET ADDRESS: **OAKLAND PARK FL 33334**
CITY-ST-ZIP: **OAKLAND PARK FL 33334**

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
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NAME:
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CITY-ST-ZIP:

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **ROCCO**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/03

Date

954 410 6525

Daytime Phone #

CR2E034 (10/02)