

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 29, 2003 8:00 am**  
**Secretary of State**

01-29-2003 90315 012 \*\*\*150.00

**DOCUMENT # P01000078825**

**1. Entity Name**  
**SOUTH END INVESTMENTS, INC.**



**Principal Place of Business**  
7400 SW 50TH TERRACE, STE. 207  
MIAMI FL 33155

**Mailing Address**  
7400 SW 50TH TERRACE, STE. 207  
MIAMI FL 33155

**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** 65-1137270

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**

DE LA OSA, JORGE L ESQ  
201 ALHAMBRA CIR., STE. 701  
CORAL GABLES FL 33134

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. 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** SVP ☒ Delete  
**NAME** ARTIGUES, SERGIO R  
**STREET ADDRESS** 7400 SW 50TH TERRACE, STE. 207  
**CITY-ST-ZIP** MIAMI FL 33155

**TITLE** SVP ☐ Change ☒ Addition  
**NAME** GONZALEZ CARLOS J.  
**STREET ADDRESS** 13951 SW 39th  
**CITY-ST-ZIP** MIA FL 33175

**TITLE** PT ☐ Delete  
**NAME** GONZALEZ, CARLOS  
**STREET ADDRESS** 13951 SW 39TH STREET  
**CITY-ST-ZIP** MIAMI FL 33175

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

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

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

**TITLE** ☐ Delete  
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**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**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:**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date

Daytime Phone #

1/25/03 305-9926126

CR2E034 (10/02)