

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

03-06-2003 90136 037 ***150.00
P02000101485

DOCUMENT # P02000101485

1. Entity Name
SOUTH DADE RESTORATION CORP.



FILED
CLERK OF STATE
DIVISION OF CORPORATIONS

03 MAR 14 PM 3:51

Principal Place of Business
100 S.E. 2ND STREET
STE 2150
MIAMI FL 33131

Mailing Address
100 S.E. 2ND STREET
STE 2150
MIAMI FL 33131



2. Principal Place of Business
12130 SW 114 PL.

3. Mailing Address
12130 SW 114 PL.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Miami FL

City & State
Miami FL

Zip
33176

Country
Dade

Zip
33176

Country
Dade

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number
82-0564448

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ENGELS, MARTIN
100 S.E. 2ND STREET
STE 2150
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name: RONALD WEINGARTEN
Street Address (P.O. Box Number is Not Applicable)
12130 SW 114 PL
City: Miami FL 33176

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/3/03

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	ENGELS, MARTIN	<input checked="" type="checkbox"/> Delete
NAME	ENGELS, MARTIN	
STREET ADDRESS	100 S.E. 2ND STREET	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	PRES.	<input type="checkbox"/> Delete
NAME	Ronald Weingarten	
STREET ADDRESS	12130 SW 114 PL.	
CITY-ST-ZIP	Miami FL 33176	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/03 786-2932545