## 2003 FOR PROFIT CORPORATION

## **UNIFORM BUSINESS REPORT (UBR**

DOCUMENT #

P02000115352

1. Entity Name

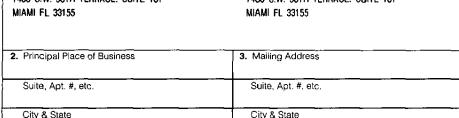
SSFC ESTATES NUMBER ONE, INC.



Principal Place of Business 7400 S.W. 50TH TERRACE, SUITE 101

Mailing Address

7400 S.W. 50TH TERRACE. SUITE 101



**FILED** May 02, 2003 8:00 am § Secretary of State

05-02-2003 90087 043 \*\*\*158.75



Ш	CHECK	HERE	١F	MAKING	CHANGES

City & State		City & State			4. FEI Number		
		_		54-2085401		Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired	<b>X</b>	\$8.75 Additional Fee Required	
6	Name and Address of Curre	nt Registered Agent		7 Name and Address of New Res	nietoro	d Agent	

SOUTHERN SECURITY FINANCE COMPANY 7400 S.W. 50TH TERRACE, SUITE 101 **MIAMI FL 33155** 

FILE NOW!!! FEE IS \$150.00

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

City	,

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

(NOTE: Registered Agent signature required when reinstating)

FL

9. Election Campaign Financing

\$5.00 May Be

	May 1, 2003 Fee will be \$550.00 Payable to Florida Department of State		Trust Fund Contribution.		to Fees
10.	OFFICERS AND DIRECTORS	11. A	DDITIONS/CHANGES TO OFFICERS AND	DIRECTORS	3 IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President/Director	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-President/Secretary/Director Jacqueline Barcena 7400 SW 50 Terr, Suite 101 Miami, FL 33155	TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	Director Delete Guillermo Barcena 7400 SW 50 Terr, Suite 101 Miami, FL 33155	TITLE NAME STREET ADDRESS CITY-SI-2IP	- *- *-	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Delete Alfredo Leon C. 7400 SW 50 Terr, Suite 101 Miami, FL 33155	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP		Change	Addition
TITLE NAME	☐ Delete	TITLE NAME		☐ Change	Addition

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 of 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 of the corporation of the receiver of trustee empowered.

SIGNATURE:

CITY-ST-ZIP

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

OJulio P. Dominguez, Pres & Director

04/28/2003

Daytime Phone #

Date