

02-16-2005 90020 018 ***150.00
03-16-2005 90025 029 ***150.00
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

DOCUMENT # P03000035172

1. Entity Name

South Florida Landlord Services, Inc

DO NOT WRITE IN THIS SPACE

40033022

REINSTATEMENT 04-05

2. Principal Place of Business 2980 McFarlane Rd Suite 212 City & State Miami, Florida Zip 33133		3. Mailing Address 2980 McFarlane Rd Suite 212 City & State Miami, Florida Zip 33133		4. FEI Number 06-1685402		Applied For ☐ Not Applicable									
5. Certificate of Status Desired ☐		6. Certificate of Status Desired ☐		7. Name and Address of Current Registered Agent Name Victor Bao Street Address (P.O. Box Number is Not Acceptable) 2980 McFarlane Rd Suite 212 City Miami FL Zip Code 33133		8. \$8.75 Additional Fee Required									
9. 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: <u>Victor Bao</u> DATE: <u>2/11/05</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)															
10. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☐ (See criteria on back)								11. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees							
11. OFFICERS AND DIRECTORS								12. MAKE CHECK PAYABLE TO DEPARTMENT OF STATE							
TITLE NAME STREET ADDRESS CITY-STATE-ZIP				PTD Bao, Victor 15280 SW 72 Ave Palmetto Bay, FL 33157				TITLE NAME STREET ADDRESS CITY-STATE-ZIP				DO NOT WRITE IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP				VSD Urquiza, Elsa M 434 SW 8th Street Miami, FL 33130				TITLE NAME STREET ADDRESS CITY-STATE-ZIP				DO NOT WRITE IN THIS SPACE			
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 executor 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 or without this empowered.															
SIGNATURE: <u>Victor Bao</u> DATE: <u>2/11/05</u> FILE NO: <u>7865462778</u>															

CR020348 (12/01)

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