

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 93000027541

1. Entity Name

SOUTHWIN, INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90117 011 ***150.00

Principal Place of Business
848 NW 10 St.
Florida City, FL 33034

Mailing Address
200 NE 2nd Dr.
Homestead, FL 33030

2. Principal Place of Business
848 SW 10 St.
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 900969
Suite, Apt. #, etc.

C0053039

DO NOT WRITE IN THIS SPACE

City & State
Florida City, FL

City & State
Homestead, FL

4. FEI Number
65-0415539

Applied For
☐ Not Applicable

Zip
33034

Country
USA

Zip
33090-0969

Country
USA

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

6. Name and Address of Current Registered Agent

Pastran, Raul E.
333 NE 8 St.
Homestead, FL 33090

7. Name and Address of New Registered Agent

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	V	Leonard, Jack	848 SW 10 St. Florida City, FL 33034	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	P	Terry Bove	848 SW 10 St. Florida City, FL 33034	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	S,T	Loesch, Patricia	848 SW 10 St. Florida City, FL 33034	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

13. 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 11 or Block 12 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 #

4/16/01 (305) 246-2122