

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 09, 2000 8:00 am**  
**Secretary of State**

03-09-2000 90099 019 \*\*\*158.75

DOCUMENT # P93000075117

1. Entity Name  
**SOUTH POINTE CONSTRUCTION & DEVELOPMENT CO.**

C0035032



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
 535 SW 29 RD  
 MIAMI FL 33129  
 US

Mailing Address  
 PO BOX 45245-2436  
 MIAMI FL 33155  
 US

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
**P.O. BOX 452436**  
 Suite, Apt. #, etc.

City & State  
**Miami, FL**

4. FEI Number **65-0445798**  
 Applied For  
 Not Applicable

Zip **33245-2436** Country **USA**

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

6. Name and Address of Current Registered Agent  
**THE LAW FIRM LAWRENCE J SPIEGEL, CHARTERED**  
**343 ALMERIA AVE**  
**CORAL GABLES FL 33134**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>BAENA, MIGUEL E</b> <b>535 SE 29TH RD</b> <b>MIAMI FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VSTD</b> <b>BAENA, JOSE M</b> <b>535 SW 29TH RD</b> <b>MIAMI FL 33165</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD</b> <b>BAENA, ALINA</b> <b>5751 S W 50TH ST</b> <b>MIAMI FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P/D</b> <b>Baena, Miguel E.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>535 S.W. 29 Rd.</b> <b>Miami, FL 33129</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V/D</b> <b>Baena, Jose M.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>3414 S.W. 99 Ct</b> <b>Miami, FL 33145</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V/S/T/D</b> <b>Baena, Alina</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>535 SW 29 Rd.</b> <b>Miami, FL 33129</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Alina Baena **Alina Baena** 3/7/00 305 858 0754  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #