

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 14, 2002 8:00 am**  
**Secretary of State**  
 05-14-2002 90285 046 \*\*\*158.75

CR301353 AV

**DOCUMENT # P93000075117**  
 1. Entity Name  
**SOUTH POINTE CONSTRUCTION & DEVELOPMENT CO.**

Principal Place of Business Mailing Address  
**535 SW 29 RD PO BOX 452436**  
**MIAMI FL 33129 MIAMI FL 33245-2436**  
**US US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address Suite, Apt. #, etc.  
 City & State  
 Zip Country

4. FEI Number **65-0445798** Applied For Not Applicable  
 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 **Spiegel & Utrera, P.A.**  
 Street Address (P.O. Box Number is Not Acceptable) **1840 Coral Way**  
**4th Floor**  
 City **Miami** FL Zip Code **33145**

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.

**SPIEGEL & UTRERA, P.A.**

SIGNATURE By: *Natalia Utrera*  
**Natalia Utrera, Vice President**

(NOTE: Registered Agent signature required when reinstating)

DATE **4/22/02**

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, 2002 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	PD BAENA, MIGUEL E	<input type="checkbox"/> Delete
STREET ADDRESS	535 SE 29TH RD	
CITY-ST-ZIP	MIAMI FL 33129	
TITLE NAME	VD BAENA, JOSE M	<input type="checkbox"/> Delete
STREET ADDRESS	2414 SW 99 CT	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE NAME	VSTD BAENA, ALINA	<input type="checkbox"/> Delete
STREET ADDRESS	5751 S W 50TH ST	
CITY-ST-ZIP	MIAMI FL 33129	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME	PD BAENA, MIGUEL E	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	535 SW 29TH RD	
CITY-ST-ZIP	MIAMI, FL 33129	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	VSTD BAENA, ALINA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	535 SW 29TH RD	
CITY-ST-ZIP	MIAMI, FL 33129	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/25/02 305 858 0784**  
 Date Daytime Phone #

CR2E034 (9/01)