

# 2002 UNIFORM BUSINESS REPORT (UBR)

0035574 AV

**DOCUMENT # P95000031017**  
 1. Entity Name  
**SOUTH ATLANTIC FINANCIAL SERVICES CORP.**

**FILED**

03 MAR 19 PM 2:43

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



Principal Place of Business      Mailing Address  
 13255 SW 137 AVE      13255 SW 137 AVE  
 200      200  
 MIAMI FL 33186      MIAMI FL 33186  
 US      US

2. Principal Place of Business      3. Mailing Address  
 8367 N.W. 12<sup>th</sup> ST.      8367 N.W. 12<sup>th</sup> ST.  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
 MIAMI, FLORIDA      MIAMI, FLORIDA

Zip      Country      Zip      Country  
 33126      U.S.A.      33126      U.S.A.

4. FEI Number      Applied For  
 65-0574856      Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
 ROSABAL, JORGE  
 13255 SW 137 AVE  
 200  
 MIAMI FL 33186

7. Name and Address of New Registered Agent  
 Name      JORGE ROSABAL  
 Street Address (P.O. Box Number is Not Acceptable)  
 8367 N.W. 12<sup>th</sup> ST.  
 City      MIAMI      FL      Zip Code      33126

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:      JORGE ROSABAL      VICE PRESIDENT      3-18-03  
Signature, typed or printed name of registered agent and title if applicable. (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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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	CDPT TEACHEY, M. BRUCE 13255 SW 137 AVE #200 MIAMI FL 33186 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS ROSABAL, JORGE 13255 SW 137 AVE #200 MIAMI FL 33186 <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
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8367 N.W. 12 <sup>th</sup> ST MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8367 N.W. 12 <sup>th</sup> ST. MIAMI, FL 33126
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**REINSTATEMENT**      02-03

000014445790  
 03/21/03 01041 010 \*\*\*900.00

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 REQUIRED**      3-18-03      (305) 667-8776  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (4/02)