

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000000145

1. Entity Name  
SOUTHDADE INT. CONTRACTORS. CORP.

Principal Place of Business

13605 S. DIXIE HWY  
STE 142  
MIAMI FL 33176

Mailing Address

13605 S. DIXIE HWY  
STE 142  
MIAMI FL 33176

2. Principal Place of Business

8901 SW 129 St

Suite, Apt. #, etc.

MIAMI, FL

City & State

Zip  
33176

Country  
USA

3. Mailing Address

8901 SW 129 St

Suite, Apt. #, etc.

City & State  
MIAMI, FL

Zip  
33176

Country  
USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PEREZ, AGUSTIN  
13605 S. DIXIE HWY  
STE 142  
MIAMI FL 33176

Name

Street Address (P.O. Box Number is Not Acceptable)

8901 SW 129 street

City

MIAMI

FL

Zip Code  
33176

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

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 \$150.00**  
**After MAY 1, 2001 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  
PDT  
PEREZ, AGUSTIN  
9320 S.W. 57TH AVENUE  
MIAMI FL 33156 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
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☐ Delete

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CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Agustin J. Perez

02/09/01

(305) 256-4420

Date

Daytime Phone #

FILED  
Feb 13, 2001 8:00 am  
Secretary of State

02-13-2001 90602 032 \*\*\*150.00

C0021070



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0635077

Applied For

Not Applicable

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

CR2E034 (10/00)