2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P96000000145 **DOCUMENT #**

1. Entity Name

SOUTHDADE INT. CONTRACTORS. CORP.



FILED Feb 06, 2003 8:00 am Secretary of State

02-06-2003 90049 044 ***150.00

				W. T.				
Principal Place of Business 8901 SW 129 ST MIAMI FL 33176		Mailing Address 8901 SW 129 ST STE 142 MIAMI FL 33176						
2. Principal Place of Business		3. Mailing Address				AR BANA BRANA WARA BRANA DBANA	15ili: 60 01 14 17 0 i1	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State		City & State			4. I LINGHISCI 6E-062E077		——	lied For Applicable
Zip Country 2		Zip	Zip Country			5. Certificate of Status Desired \$8.75 Addition Fee Required		ional
	. Name and Address of Curren	t Registered Agen	t		7. Name and Addr	ess of New Registered	Agent	
PEREZ, AGUS 13605 S. DIXI	E HWY		Name Street Addres:		(P.O. Box Number is Not Acceptable)			
8901 SW 129 MIAMI FL 331		City				FI	Zip Code	
				1	I I I I I I I I I I I I I I I I I I I			nd accent
8. The above nan the obligations	ned entity submits this statement of registered agent.	for the purpose of c	changing its registe	ered office or regist	ered agent, or both, in t	THE State Of Florida. Fair	ramma mon	
SIGNATURE	ature, typed or printed name of registered age	nt and title if applicable.	(NOTE: Registe	ered Agent signature requi	red when reinstating)	DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State						Campaign Financing nd Contribution.		May Be to Fees
10.	OFFICERS AN		1	1.	ADDITIONS/CHA	NGES TO OFFICERS AN	ID DIRECTORS	
TITLE PD	it Rez, agustin 20 S.W. 57th avenue		N N	TLE Ame Treet address			Change	Addition
	AMI FL 33156	<u></u>		ITY-ST-ZIP	 		☐ Change	Addition
NAME STREET ADDRESS	ارد و ما در ایست بیوند از ایست این با در این از از در در این از این این این این این این در این		N S	AME TREET ADDRESS ITY-ST-ZIP	e de la companya de l			
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			Delete T	ITLE IAME TREET ADDRESS			☐ Change	Addition
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TITLE NAME STREET ADDRESS] Delete	NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
12. I hereby cert indicated on of the corpo changed, or	tify that the information supplied withis report or supplemental reportation or the receiver or trustee or on an attachment with an address	th this filing does t is true and accura powered to execu s, with all other like	ot qualify or the eare and that my signethis report as re- dempowered.	exemption stated in Inature shall have the Quired by Chapter I	Section 119.07(3)(i), Fl he same legal effect as 607, Florida Statutes; ar	orida Statutes. I further of if made under oath; that id that my name appear	certify that the i t I am an officer s in Block 10 or	nformation or director Block 11 if

SIGNATURE:

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