

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000003461

1. Entity Name

SCIENTIFIC SOUTHERN, CORP.

**FILED**  
**Apr 10, 2001 8:00 am**  
**Secretary of State**

04-10-2001 90051 006 \*\*\*150.00

Principal Place of Business

5755 SW 117TH AVENUE  
MIAMI FL 33183

Mailing Address

5755 SW 117TH AVENUE  
MIAMI FL 33183

2. Principal Place of Business

11154 SW 71 LANE

3. Mailing Address

11154 SW 71 LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

33173

Country

USA

Zip

33173

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0634183

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

TORRES, AUGUSTO A  
5755 SW 117TH AVENUE  
MIAMI FL 33183

7. Name and Address of New Registered Agent

Name

AUGUSTO A. TORRES

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

11154 SW 71 LANE

City

Miami

FL

Zip Code

33173

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

4/5/01

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

TITLE	PSD	<input type="checkbox"/> Delete
NAME	TORRES, AUGUSTO A	
STREET ADDRESS	5755 SW 117TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33183	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AUGUSTO A. TORRES	
STREET ADDRESS	11154 SW 71 LANE	
CITY-ST-ZIP	Miami, FL 33173	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/01

Date

(305) 5989332

Deputy Phone #

CR2E034 (10/00)

0232536