

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90148 018 ***158.75

0238934

DOCUMENT # P97000009819

1. Entity Name
SOUTH SERVICES, INC.

Principal Place of Business 10201 HAMMOCKS BLVD 122 MIAMI FL 33196 US	Mailing Address 10201 HAMMOCKS BLVD 122 MIAMI FL 33196 US
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2. Principal Place of Business 13270 SW 131 Street	3. Mailing Address 13270 SW 131 Street
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Suite, Apt. #, etc. 131	Suite, Apt. #, etc. 131
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City & State MIAMI, FL	City & State MIAMI, FL
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Zip 33186	Country U.S.A.	Zip 33186	Country U.S.A.
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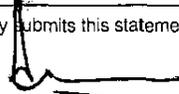
4. FEI Number **65-0748362** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
HART, DAVID J
100 N BISCAYNE BLVD
SUITE 2600
MIAMI FL 33132

7. Name and Address of New Registered Agent
 Name **EDGARDO R. FERNANDEZ**
 Street Address (P.O. Box Number is Not Acceptable)
13270 SW 131 Street
#131
 City **MIAMI** FL Zip Code **33186**

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  **EDGARDO R. FERNANDEZ** DATE **4/27/01**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

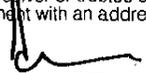
FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D FERNANDEZ, EDGARDO R 10201 HAMMOCKS BLVD STE 122 MIAMI FL 33196 <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 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  **EDGARDO R. FERNANDEZ** DATE **4/27/01** DAYTIME PHONE # **305-752-4701**

CR2E034 (10/00)