

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000021649

1. Entity Name

SOUTHERN PAPER, INC.

FILED
Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90013 037 ***150.00

Principal Place of Business	Mailing Address
8004 NW 154 ST SUITE 115 MIAMI LAKES FL 33016 US	8004 NW 154 STREET SUITE 115 MIAMI LAKES FL 33016-5814 US

2. Principal Place of Business	3. Mailing Address
7370 NW 36 Street Suite, Apt. #, etc. SUITE # 325-1	7370 NW 36 STREET Suite, Apt. #, etc. SUITE # 325-1
City & State MIAMI FL	City & State MIAMI FL
Zip 33166	Zip 33166
Country USA	Country USA



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GONZALEZ, JORGE 8004 NW 154TH STREET SUITE 115 MIAMI LAKES FL 33016	Name: MIGUEL FRANQUIZ Street Address (P.O. Box Number is Not Acceptable): 7370 NW 36 Street SUITE 325-1 City: MIAMI FL Zip Code: 33166

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]* (NOTE: Registered Agent signature required when reinstating) DATE: 1/12/2000

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANQUIZ, MIGUEL	NAME	FRANQUIZ MIGUEL
STREET ADDRESS	78004 NW 154 STREET, SUITE 115	STREET ADDRESS	7370 NW 36 Street SUITE 325-1
CITY-ST-ZIP	MIAMI LAKES FL 33016	CITY-ST-ZIP	MIAMI FL 33166
TITLE	<input type="checkbox"/> Delete	TITLE	VICE-PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	JENNY FRANQUIZ
STREET ADDRESS		STREET ADDRESS	7370 NW 36 STREET SUITE 325-1
CITY-ST-ZIP		CITY-ST-ZIP	MIAMI FL 33166
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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]* PRESIDENT DATE: 1/12/2000 (305) 470-0003