

05-08-2002 90141 034 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P97000077637**

1. Entity Name

SOUTH OF THE CEN, INC

DO NOT WRITE IN THIS SPACE

653216

2. Principal Place of Business

9200 E. BAY HARBOR DR.

Suite, Apt. #, etc.

#5

City & State

HARBOR ISLAND, FL

3. Mailing Address

9200 E. BAY HARBOR DR.

Suite, Apt. #, etc.

#5

City & State

HARBOR ISLAND, FL

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4. FEI Number

65-0778784

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name **TERESITA BROUSSALIS**

Street Address (P.O. Box Number is Not Acceptable)
9200 E. BAY HARBOR DRIVE #5

City **HARBOR ISLAND**

FL

Zip Code **33154**

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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)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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	PSO
NAME	TERESITA BROUSSALIS
STREET ADDRESS	9200 E. BAY HARBOR DR. #5
CITY-ST-ZIP	HARBOR ISLAND, FL 33154
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR200348 (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Teresta Broussalis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #