

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 11, 2002 8:00 am**  
**Secretary of State**

02-11-2002 90170 012 \*\*\*150.00

**DOCUMENT # P97000088123**

1. Entity Name  
**SOUTH POINTE REALTY, INC.**

**Principal Place of Business**

260 CRANDON BLVD.  
 SUITE 32-217  
 KEY BISCAYNE FL 33149

**Mailing Address**

260 CRANDON BLVD.  
 SUITE 32-217  
 KEY BISCAYNE FL 33149



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**1101 Brickell Ave**

Suite, Apt. #, etc.  
**1401**

City & State  
**Miami, FL**

Zip  
**33131**

Country  
**USA**

3. Mailing Address

**1101 Brickell Ave**

Suite, Apt. #, etc.  
**1401**

City & State  
**Miami, FL**

Zip  
**33131**

Country  
**USA**

4. FEI Number **65-0790714**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**CAMEJO, ANTONIO**  
**260 CRANDON BLVD.**  
**SUITE 32-217**  
**KEY BISCAYNE FL 33149**

7. Name and Address of New Registered Agent

Name  
**Antonio Camejo**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1101 Brickell Avenue**  
**Suite 1401**  
 City  
**Miami**  
 State  
**FL**  
 Zip Code  
**33131**

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 **Antonio Camejo**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**1-23-02**

DATE

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, 2002 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	<b>P</b> <b>CAMEJO, ANTONIO</b> <b>260 CRANDON BLVD. SUITE 32-217</b> <b>KEY BISCAYNE FL 33149</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>CAMEJO, PETER</b> <b>260 CRANDON BLVD STE 32-217</b> <b>KEY BISCAYNE FL</b>	<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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>1101 Brickell Avenue, Suite 1401</b> <b>Miami, FL 33131</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>1101 Brickell Avenue, Suite 1401</b> <b>Miami, FL 33131</b>	
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: **Antonio Camejo**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-23-02**

Date

**305 372-0299**

Daytime Phone #

CR2E034 (9/01)