

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000021683

1. Entity Name

SOUTHERN INDUSTRIAL EQUIPMENT, INC.

FILED
Jan 24, 2001 8:00 am
Secretary of State

01-24-2001 90028 004 ***150.00

Principal Place of Business

1430 BRICKELL BAY DR.
SUITE #1203
MIAMI FL 33131

Mailing Address

1430 BRICKELL BAY DR.
SUITE #1203
MIAMI FL 33131

00008397



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0821345

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

GUZMAN, DANIEL
1401 NW 123 TERRACE
PEMBROKE PINES FL 33026

7. Name and Address of New Registered Agent

Name GUZMAN, DANIEL

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

1430 BRICKELL BAY DR.

Suite #1203

City

MIAMI

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

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) ☒

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 P
NAME GUZMAN, DANIEL
STREET ADDRESS 1401 NW 123 STREET
CITY-ST-ZIP PEMBROKE PINES FL 33026

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

DANIEL GUZMAN 1-11-2001 (305) 371-9335

CR2E034 (10/00)