

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000038128

1. Entity Name

SOUTH DADE YELLOW PAGES, INC. ✓

FILED
Sep 13, 2000 8:00 am
Secretary of State

09-13-2000 90022 023 ***550.00

Principal Place of Business

8925 S W 148TH STREET
 STE. #106
 MIAMI FL 33176
 US

Mailing Address

8925 S W 148TH STREET
 STE. #106
 MIAMI FL 33176
 US

2. Principal Place of Business

3. Mailing Address

10664 S.W. 186th St. Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Miami, Florida

City & State

Miami, Florida

4. FEI Number

65-0835537

Applied For

Not Applicable

Zip

Country

33157 U.S.A.

Zip

Country

33157 U.S.A.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MAHONEY, DIANN K
 2355 S E 7TH PLACE
 HOMESTEAD FL 33033

Name

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

City

FL

Zip Code

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
 NAME PSTD
 STREET ADDRESS MAHONEY, DIANN K
 CITY-ST-ZIP 8925 S W 148TH STREET, STE. #106 MIAMI FL 33176

TITLE Change Addition
 NAME President
 STREET ADDRESS Mahoney, Diann K.
 CITY-ST-ZIP 10664 S.W. 186th Street Miami, Florida 33157

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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 CITY-ST-ZIP

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TITLE Change Addition
 NAME
 STREET ADDRESS
 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: Diann K. Mahoney Diann K. Mahoney 9/12/00 233-2660 (305)
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/00)