

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 17, 2002 8:00 am**  
**Secretary of State**

09-17-2002 90106 013 \*\*\*550.00

**DOCUMENT # P98000038128**

1. Entity Name  
**SOUTH DADE YELLOW PAGES, INC.**

Principal Place of Business 10664 SW 186TH ST MIAMI FL 33157 US	Mailing Address 10664 SW 186TH ST MIAMI FL 33157 US
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2. Principal Place of Business 14707 S. Dixie Hwy. Suite, Apt. #, etc. PH-403 City & State Miami, Florida Zip 33176 Country USA	3. Mailing Address 14707 S. Dixie Hwy. Suite, Apt. #, etc. PH-403 City & State Miami, Florida Zip 33176 Country USA
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DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0835537	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name: **Mahoney, Diann K.**  
 Street Address (P.O. Box Number is Not Acceptable): **14707 S. Dixie Hwy. Penthouse 403**  
 City: **Miami** FL Zip Code: **33176**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: **Diann K. Mahoney** Diann K. Mahoney - Pres. Sept. 13, 2002  
(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, 2002 Fee 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		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD MAHONEY, DIANN K 8925 S W 148TH STREET, STE. #106 MIAMI FL 33176</b>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P MAHONEY, DIANN K 10664 S.W. 186TH STREET MIAMI FL 33157</b>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President Mahoney, Diann K. 14707 S. Dixie Hwy. PH-403 Miami, FL 33176</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>

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 - Pres. 9/13/02  
(Signature, typed or printed name of signing officer or director) Date Daytime Phone #

(305) 233-2660

CR2E034 (4/02)