

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



DO NOT WRITE IN THIS SPACE

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

4. FEI Number
 65-0835537

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

\$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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD MAHONEY, DIANN K 8925 S W 148TH STREET, STE. #106 MIAMI FL 33176	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MAHONEY, DIANN K 10664 S.W. 186TH STREET MIAMI FL 33157	<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	President Mahoney, Diann K. 14707 S. Dixie Hwy. PH-403 Miami, FL 33176	<input checked="" 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
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 *Diann K. Mahoney* *Diann K. Mahoney - Pres. 9/13/02* (305) 233-2660
 Signature, typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (4/02)