

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91449 005 ***150.00

DOCUMENT # P98000038128

1. Entity Name
SOUTH DADE YELLOW PAGES, INC.



Principal Place of Business

~~14707 S DIXIE HWY~~
~~PH 403~~
~~MIAMI FL 33176~~
~~US~~

Mailing Address

~~14707 S DIXIE HWY~~
~~PH 403~~
~~MIAMI FL 33176~~
~~US~~

2. Principal Place of Business

2355 S.E. 7th Place

3. Mailing Address

2355 S.E. 7th Place

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Homestead, Florida

City & State

Homestead, Florida

Zip

33033

Country

USA

Zip

33033

Country

USA

6. Name and Address of Current Registered Agent

MAHONEY, DIANN K
14707 S DIXIE HWY
PENTHOUSE 403
MIAMI FL 33176

7. Name and Address of New Registered Agent

Name **Mahoney, Diann K.**
Street Address (P.O. Box Number is Not Acceptable) **2355 S.E. 7th Place**
City **Homestead** **FL** Zip Code **33033**

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. May 1, 2003**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	MAHONEY, DIANN K	
STREET ADDRESS	14707 S DIXIE HWY PH 403	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	P	<input type="checkbox"/> Delete
NAME	MAHONEY, DIANN K	
STREET ADDRESS	10664 S.W. 186TH STREET	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mahoney, Diann K.	
STREET ADDRESS	2355 S.E. 7th Place	
CITY-ST-ZIP	Homestead, FL 33033	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Diann K. Mahoney** **Diann K. Mahoney - Pres. 5/1/03** (305) 233-2660
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0301537 AV

CR2E034 (10/02)