

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000055609**

1. Entity Name

UNITED SOUTH HOLDINGS, INC.**FILED**
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90133 013 ***158.75

Principal Place of Business

**1840 WEST 49TH STREET SUITE 510
HIALEAH FL 33012**

Mailing Address

**3789 W 18TH AVENUE
HIALEAH FL 33012****00037888**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

15165 N.W. 77 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2002

City & State

City & State

MIAMI - FL4. FEI Number **65-0902914**Applied For
Not Applicable

Zip

Country

Zip

Country

330145. 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

**HERRERA, CARLOS JR
3789 WEST 18TH AVE
HIALEAH FL 33012**

Name

HERRERA, CARLOS JR

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

15165 N.W. 77 AVE SUITE 2002

City

MIAMI**FL**

Zip Code

33014

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
DP	HERRERA, CARLOS	1840 WEST 49TH STREET SUITE 510	HIALEAH FL 33012	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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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 #

4/16/01 305-823-8099

CR2E034 (10/00)