## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

2000 UNIFORM BUSINESS REPORT (UBR)						FILED			
DOCUMENT # P98000073648  1. Entity Name SOUTHERN ENGINE & MACHINE, INC.						Apr 22, 2000 8:00 am Secretary of State			
SOUTHE	HN ENGIR	NE & MACHINE, INC.					04-22-2000 90022		
Principal Place of Business Mailing Address									
2071 N.W. 29TH STREET			2071 N.W. 29TH STREET			ļ			
OAKLAND PARK FL 33311			OAKLAND PARK FL 33311-2127			}	8371	0 0	
2. Principal Place of Business			3. Mailing Address			}			
Suito Ant # oto			Suite, Apt. #, etc.			}	DO NOT WRITE IN	1111	
Suite, Apt. #, etc.									
City & State			City & State			4. FE	65-0861217		plied For t Applicable
Zip	p Country		Zip Count			5. Certificate of Status Desired S8.75 Additional Fee Required			
	6. Name	and Address of Current Re	gistered Agent	Nam		7. Na	me and Address of New Registe	<del></del>	=:-
0.5		7005			GERALD GORDON				
CAPONE, SALVATORE 2071 N.W. 29TH STREET			. Street Ad			ess (P.O. Box Number is Not Acceptable)			
OAKLAND PARK FL 33311									
				City	40.4	•	1 1- 0011	FL Zip Code	
8. The above	named antitu	submits this subment for the	ne nurnose of changing its re	egistered office			AND PAK. ht, or both, in the State of Florida.	<u> </u>	<u> </u>
e. The above	MALL			ogistered office	or register	ou agon	it, of both, in the blace of horizon.		ì
SIGNATURE	LAMA.							DATE	
	Signature, ( pred o	r burned rame of registered agent and	,	Registered Agent si		when reins	stating)	JAIE	
<ol> <li>This corporation is eligible to satisfy its Intangib         Tax filing requirement and elects to do so.         (See criteria on back)</li></ol>			FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of Sta			te	<ol> <li>Election Campaign Financing Trust Fund Contribution.</li> </ol>		O May Be I to Fees
11.		OFFICERS AND DI		12.	<del> </del>		ITIONS/CHANGES TO OFFICERS	AND DIRECTORS	
TITLE	PD	SAL VADODE	Delete	TITLE NAME		S/DI RMS	K. BORDON	Change	Addition
NAME STREET ADDRESS	CAPONE, SALVARORE 2071 NW 29TH STREET		STREE		S 207	1071NW 29 STREET			
CITY-ST-ZIP		PARK FL 33311		CITY-ST-ZIP	DA	UIA	UN PARK FL33.	31/	
TITLE			☐ Delete	TITLE NAME	Sec	THE MILL	ASTOIR ELLEWIS UN ZE STREE INNOTAKK	Change	Addition
NAME STREET ADDRESS				STREET ADDRE	5 20	7:1 1	vu 29 STREE	~	-
CITY-ST-ZIP				CITY-ST-ZIP	00	1KI	MOPAKKE	-3331/	
TITLE			- Delete	*TITLE' ~~			بعنى الأرام فالمعاليكيسي أراك	- Change	Addition
NAME STREET ADDRESS				NAME STREET ADDRE	SS				
CITY-ST-ZIP				CITY-ST-ZIP					
TITLE			☐ Delete	TITLE	{			☐ Change	☐ Addition
NAME STREET ADDRESS				NAME STREET ADDRE	5S				
CITY-ST-ZIP				CITY-ST-ZIP	~			•	
TITLE			☐ Delete	TITLE				☐ Change	Addition
NAME				NAME STREET ADDRE					,
STREET ADDRESS CITY-ST-ZIP				CITY-ST-ZIP					
TITLE			☐ Delete	TITLE				☐ Change	☐ Addition
NAMÉ	, ·			NAME					-
STREET ADDRESS CITY-ST-ZIP		A	1	STREET ADDRE	22				
	certify that the	information supplied with	is filing does not qualify for t	_	stated in Se	ection 11	9.07(3)(i), Florida Statutes. I furth	er certify that the ir	nformation
indicated of the cor changed,	on this report poration or the or on an atta	or supplemental report if tri e receive for trustee empow come is with an address, with	ue and accurate and that my ered to execute this report a h all <u>other like e</u> mpowered.	y signature sha is required by (	iii nave the : Chapter 607	same leç 7. Florida	9.07(3)(i), Florida Statutes. I furth gal effect as if made under oath; t a Statutes; and that my name app	nat I am an officer ears in Block 11 or	Block 12 if