## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000074722

Corporation Name

	UST MUNICAGE OF SOU						
Principal Place		Mailing Address	•				
10825B N.W. 27TH AVE. MIAMI FL 33167		10825B N.W. 27TH AVE. MIAMI FL 33167			DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed 08/20/1998		
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	<u> </u>	ied For
21		26			65-0859373		Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	8.75 Ad Fee Requ	
City & State	e	City & State		_	6. Election Campaign Financing Trust Fund Contribution	<b>\$5.00</b> м Added to	
Zip	Country	Zip	Country 30	!	8. This corporation owes the current year Intangil Personal Property Tax.	ble Yes 🗜	ÍNo
24	9. Name and Address of Curre				10. Name and Address of New Registered Age	nt	
<del></del>	<u> </u>		81	Name			
	is, steve c 25B n.W. 27th ave.		82	Street Ad	Idress (P.O. Box Number is Not Acceptable)	<u> </u>	
MIAN	VII FL 33167		83				
							7
			84		FL	Zip Co	
office or a	to the provisions of Sections 607.05 registered agent, or both, in the State m familiar with, and accept the oblig	e of Florida, Such change was au	s, the above	e-named co	orporation submits this statement for the purpose of characteristics board of directors. I hereby accept the appointment	nging its re	egistered
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CITY-ST-ZIP 14. 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 annual report or supplemental annual 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 12 or Block 13 if changer, or on an attachment with an address, with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ DELETE

Change

Addition

Mar 24, 1999 8:00 am Secretary of State

03-24-1999 90052 022 \*\*\*150.00