

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000012555**

1. Entity Name **SUTTER SOUTH, INC.**

**FILED**  
**Apr 17, 2000 8:00 am**  
**Secretary of State**

04-17-2000 90051 022 \*\*\*150.00

**80063029**

Principal Place of Business **3300 NE 19th ST #707 AVENTURA FL 33180**  
Mailing Address **3300 NE 19th ST #707 AVENTURA 33180 FL.**

2. Principal Place of Business **AVENTURA FL 33180**  
Suite, Apt. #, etc. **707**  
3. Mailing Address **3300 NE 19th ST #707**  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State **AVENTURA FL**  
Zip **33180** Country **DAVE**  
City & State  
Zip Country

4. FEI Number **94-3321129**  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

## 6. Name and Address of Current Registered Agent

**ELLEN N. SAHL**  
**1351 NW 16th ST.**  
**MIAMI FL 33125**

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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, 2000 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

|                |                              |                                 |
|----------------|------------------------------|---------------------------------|
| TITLE          | <b>PES</b>                   | <input type="checkbox"/> Delete |
| NAME           | <b>MARTIN SILVERMAN #707</b> |                                 |
| STREET ADDRESS | <b>3300 NE 19th ST</b>       |                                 |
| CITY-ST-ZIP    | <b>AVENTURA FL 33180</b>     |                                 |
| TITLE          | <b>KELICE SILVERMAN</b>      | <input type="checkbox"/> Delete |
| NAME           | <b>V.P.</b>                  |                                 |
| STREET ADDRESS | <b>3300 NE 19th ST #707</b>  |                                 |
| CITY-ST-ZIP    | <b>AVENTURA FL 33180</b>     |                                 |
| 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    |                              |                                 |

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 #

**4-6-00**

**305 792 0652**

CR2E034 (9/99)