

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90722 001 ***150.00

DOCUMENT # P99000012555

1. Entity Name
SUTTER SOUTH, INC.



Principal Place of Business
3300 NE 191ST ST., APT. 707
AVENTURA FL 33180

Mailing Address
3300 NE 191ST ST., APT. 707
AVENTURA FL 33180

2. Principal Place of Business

3855 CORBIN AV
Suite, Apt. #, etc.

3. Mailing Address

3855 CORBIN AV
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
TARZANA CAL

City & State
TARZANA CAL

4. FEI Number **94-3321129**

Applied For
Not Applicable

Zip **91356** **Country** **USA**

Zip **91356** **Country** **USA**

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

6. Name and Address of Current Registered Agent

SAUL, ELLEN N
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **SILVERMAN, MARTIN**
STREET ADDRESS **3300 NE 191ST ST., APT. 707**
CITY-ST-ZIP **AVENTURA FL 33180**

TITLE **PD** ☒ Change ☐ Addition
NAME **SILVERMAN, MARTIN**
STREET ADDRESS **3855 CORBIN AV**
CITY-ST-ZIP **TARZANA CAL 91356**

TITLE **VD** ☐ Delete
NAME **SILVERMAN, FELICE**
STREET ADDRESS **3300 NE 191ST ST., APT. 707**
CITY-ST-ZIP **AVENTURA FL 33180**

TITLE **VD** ☒ Change ☐ Addition
NAME **SILVERMAN, FELICE**
STREET ADDRESS **3855 CORBIN AV**
CITY-ST-ZIP **TARZANA CAL 91356**

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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 *Martin Silverman* **SIGNATURE REIMARTIN SILVERMAN**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-2-03
Date

818345 7948
Daytime Phone #

CR2E034 (10/02)