

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90310 024 ***150.00

DOCUMENT # P99000024507

1. Entity Name

SOUTH FLORIDA UNLIMITED SERVICES, INC.

Principal Place of Business

3715 NW. 7TH. ST. STE. 567
 MIAMI, FL., 33126

Mailing Address

3715 NW. 7TH. ST. STE. 567
 MIAMI, FL., 33126

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0903206

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

YOSUANY ACOSTA
 3715 NW. 7TH. ST. STE. 567
 MIAMI, FL., 33126

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 X

YOSUANY ACOSTA
 PRESIDENT

4/11/01

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when constituting)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE MONTHLY 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 II 11

TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP
 PRESIDENT
 YOSUANY ACOSTA
 3715 NW. 7TH. ST. STE. 567
 MIAMI, FL., 33126 ☐ Delete

TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE NAME
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 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE NAME
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☐ Change ☐ Addition

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 CITY-ST-ZIP
☐ Delete

TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

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: X

YOSUANY ACOSTA
 PRESIDENT

4/11/01

(305) 301-4689

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR