

2002

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

03-13-2002 90105 048\*\*\*\*150.00

FILE UP99000025825

SECRETARY OF STATE  
DIVISION OF CORPORATION

02 MAR 26 AM 9:48

DOCUMENT # P99000025825

1. Entity Name  
SOUTH FLORIDA THRIFT CORPORATION

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
4768 NW 167 ST.

3. Mailing Address  
421 NW 32 ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
MIAMI FL

City & State  
MIAMI FL

Zip  
33014

Country

Zip  
33127

Country

4. FEI Number  
65-0913020

Applied For  
☐ Not Applicable

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

DO NOT WRITE  
IN THIS SPACE

## 7. Name and Address of Current Registered Agent

Name Orlando R. Cabeza

Street Address (P.O. Box Number is Not Acceptable)

421 NW 32 ST

City MIAMI FL Zip Code 33127

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 ORLANDO R. CABEZA

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

(Not Registered Agent signature required when reinstating)

02/12/02

DATE

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

ORLANDO CABEZA  
421 NW 32 STREET  
MIAMI, FL 33127

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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DO NOT WRITE  
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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 on an attachment with an address, with all other the empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/22/02 505-992-6940

Date

Daytime Phone #

CR2E034B (12/01)