

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 23, 2000 8:00 am**  
**Secretary of State**

03-23-2000 90011 008 \*\*\*158.75

**DOCUMENT #** P99000036673  
**1. Entity Name**  
 Southland Financial Services, Inc.

**Principal Place of Business**  
 9363 WESTSAMPLE RD  
 CORAL SPRINGS, FL 33065

**Mailing Address**  
 6251 NW 42 CT  
 CORAL SPRINGS, FL  
 33067

**2. Principal Place of Business**  
 Southland Financial Services  
 Suite, Apt. #, etc.  
 9363 WEST SAMPLE RD  
 City & State  
 CORAL SPRINGS FLORIDA

**3. Mailing Address**  
 Suite, Apt. #, etc.  
 6251 NW 42 COURT  
 City & State  
 CORAL SPRINGS FLORIDA

**Zip** 33065 **Country** BROWARD  
**Zip** 33067 **Country** BROWARD

DO NOT WRITE IN THIS SPACE

**4. FEI Number** 65-0913664  
 Applied For  
 Not Applicable

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


**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

SEAN MONACO  
 6251 NW 42 COURT  
 CORAL SPRINGS, FL 33067

**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**  SEAN MONACO PRESIDENT 3/18/00  
 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** ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

**11. OFFICERS AND DIRECTORS**

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

**TITLE** PRESIDENT ☐ Delete  
**NAME** SEAN MONACO  
**STREET ADDRESS** 6251 NW 42 COURT  
**CITY-ST-ZIP** CORAL SPRINGS, FL 33067

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

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
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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 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

3/18/00 954 575 1393  
 Date Daytime Phone #  
 954 753 5774

CR2E034 (9/99)