

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000039771**

1. Entity Name

SOUTHWEST EDIFICES, INC.**FILED**
Jun 22, 2000 8:00 am
Secretary of State

05-24-2000 90042 046 ***150.00

Principal Place of Business

1474-A WEST 84 ST.
HIALEAH FL 33014

Mailing Address

1474-A WEST 84 ST.
HIALEAH FL 33014-3363

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0915094

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

OSMAN, L. MICHAEL
1474-A WEST 84 ST.
HIALEAH FL 33014

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	DP		<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
	OSMAN, CRAIG A	1474-A WEST 84 ST.	HIALEAH FL 33014				
	DVS		<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
	OSMAN, L. MICHAEL	1474-A WEST 84 ST.	HIALEAH FL 33014				
	DV		<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
	COSTA, REINALDO	7330 W. 20 AVE	HIALEAH FL 33016				
	D		<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
	IPPOLITO, TROY	200 HOLIDAY DR.	HALLANDALE FL 33009				
	DT		<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
	IPPOLITO, FRANK	200 HOLIDAY DR.	HALLANDALE FL 33009				
	D		<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
	OSMAN, TY H	9129 SADDLEBOW DR.	BRENTWOOD TN 37027				

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 attached statement of address, with all other like empowered.

SIGNATURE:

L. Michael Osman 5/1/00

(305) 823-1401

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CH2E034 (9/99)