

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P99000039771

FILED
Mar 13, 2003
Secretary of State

Entity Name: SOUTHWEST EDIFICES, INC.

Current Principal Place of Business:

1474-A WEST 84 ST.
HIALEAH, FL 33014

New Principal Place of Business:

Current Mailing Address:

1474-A WEST 84 ST.
HIALEAH, FL 33014

New Mailing Address:

FEI Number: 65-0915094

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: OSMAN, CRAIG A
Address: 1474-A WEST 84 ST.
City-St-Zip: HIALEAH, FL 33014

Title: DVS () Delete
Name: OSMAN, L. MICHAEL
Address: 1474-A WEST 84 ST.
City-St-Zip: HIALEAH, FL 33014

Title: DV () Delete
Name: COSTA, REINALDO
Address: 7330 W. 20 AVE
City-St-Zip: HIALEAH, FL 33016

Title: D () Delete
Name: IPPOLITO, TROY
Address: 200 HOLIDAY DR.
City-St-Zip: HALLANDALE, FL 33009

Title: DT () Delete
Name: IPPOLITO, FRANK
Address: 200 HOLIDAY DR.
City-St-Zip: HALLANDALE, FL 33009

Title: D () Delete
Name: OSMAN, TY H
Address: 9129 SADDLEBOW DR.
City-St-Zip: BRENTWOOD, TN 37027

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: L. MICHAEL OSMAN

VP

03/13/2003

Electronic Signature of Signing Officer or Director

Date