

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000054779

1. Entity Name

SOUTH FLORIDA INDUSTRIAL CORP.

Principal Place of Business

4683 ORANGE DRIVE
FT. LAUDERDALE FL 33314

Mailing Address

4683 ORANGE DRIVE
FT. LAUDERDALE FL 33314

2. Principal Place of Business

4024 N 29th AVE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HILLYWOOD FL

City & State

Zip

33020

Country

BROWARD

Country

4. FEI Number

65-0931009

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BURT, FRANK G ESQ.
777 BRICKELL AVE., STE. 500
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name: ROBERT SCHIMMEL, ESQ

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

3191 CORAL WAY

City

MIAMI
CORAL GABLES

FL

Zip Code

33145

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 ROBERT SCHIMMEL ESQ

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/26/01

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, 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

TITLE D ☐ Delete
NAME DUCHARME, DIANE
STREET ADDRESS 4683 ORANGE DRIVE
CITY-ST-ZIP FT. LAUDERDALE FL 33314

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DIANE DUCHARME ☒ Change ☐ Addition
NAME
STREET ADDRESS 4024 N 29th AVE
CITY-ST-ZIP HOLLYWOOD, FL 33020

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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

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: DIANE DUCHARME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/26/01

954-321-1999

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90045 039 ***150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)