

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000059179

1. Entity Name

FLORIDA SOUTH BUILDING CORPORATION

FILED
Feb 25, 2000 8:00 am
Secretary of State

02-25-2000 90022 032 ***158.75

Principal Place of Business

Mailing Address

~~6266 S.W. 12 ST.~~
~~MIAMI FL 33144~~

~~6266 S.W. 12 ST.~~
~~MIAMI FL 33144-5602~~

2. Principal Place of Business

3. Mailing Address

8281 SW 146 Street

8281 SW 146 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Miami FL

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

Country

33158

USA

Zip

Country

33158

USA

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

STEIN, ALAN
8281 S.W. 146 ST.
MIAMI FL 33158

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

Alan Stein

Alan Stein

1/14/00

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 Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME *D Alan Stein*
STREET ADDRESS *8281 SW 146 Street*
CITY-ST-ZIP *Miami FL 33158*

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Alan Stein

14 Jan 2000

Date

(305) 233 4644

Daytime Phone #

CR2E034 (9/99)