## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED **DOCUMENT # S19576** Apr 06, 2000 8:00 am Secretary of State 1. Entity Name SOUTHERN CHEMICAL MANUFACTURING CORPORATION 04-06-2000 90031 029 \*\*\*150.00 Principal Place of Business Mailing Address 8350 N.W. 66TH ST. 8350 N.W. 66TH ST. MIAMI FL 33166-2625 MIAMI FL 33166 AUUSAUAA 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0235922 Not Applicable Zip Country \$8.75 Additional Ζiρ Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MOREIRA, MARTIN R. Street Address (P.O. Box Number is Not Acceptable) 8350 N.W. 66TH STREET MIAMI FL 33166 Zip Code City FL 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 . (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition ☐ Delete TITLE TITLE MOREIRA, MARTIN JR. NAME NAME STREET ADDRESS STREET ADDRESS 1456 HERITAGE RD. CITY-ST-ZIP CITY-ST-ZIP **GAINESVILLE GA 30501** Addition ☐ Change ☐ Delete TITLE MOREIRA, CESAR NAME NAME STREET ADDRESS 9231 S.W. 101 AVE. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33176 ☐ Change Addition ☐ Delate TITLE TITLE SERRANO, ELBA NAME 17421 NW 7 ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PEMBROKE PINES FL ☐ Change ☐ Addition ☐ Defete TITLE MOREIRA, TERESA NAME NAME 9231 SW 101ST AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33176 Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

(305) 591-7797

Daytime Phone

CR2E034 (9/99)