

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **S73918**

1. Entity Name

STUDIO SOUTH EQUIPMENT RENTALS, INC.

FILED

Mar 12, 2001 8:00 am
Secretary of State

03-12-2001 90459 003 ***150.00

Principal Place of Business

Mailing Address

~~715 5 ST.~~
~~SUITE 33~~
~~MIAMI BEACH FL 33139~~
~~US~~

~~715 5 ST.~~
~~SUITE 33~~
~~MIAMI BEACH FL 33139~~
~~US~~

2. Principal Place of Business

3. Mailing Address

555 Jefferson Avenue
Suite, Apt. #, etc.

555 Jefferson Avenue
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Miami Beach, FLORIDA

City & State

Miami Beach Florida

4. FEI Number

65-0282938

Applied For

Not Applicable

Zip

33139

Country

US

Zip

33139

Country

US

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

SLATER, JUDITH

715 5 ST.

SUITE 33

MIAMI BEACH FL 33139

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSD** ☐ Delete
NAME **SLATER, JUDITH**
STREET ADDRESS **715 5 ST.**
CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE ☒ Change ☐ Addition
NAME **555 Jefferson Avenue**
STREET ADDRESS **Miami Beach, FL 33139**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Judith Slater - President Judith Slater

2/18/01

305 672 9669

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)