2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S74268

1. Entity Name

SOUTHERN DESIGN BUILD CORP.

FILED
08-17-2000 90574023 ***550.00
00 SEP -8 PM 12:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
15625 S.W. 87TH AVENUE FL 33157	15625 S.W. 87TH AVENUE MIAMI FL 33157

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip — Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip — Country

4. FEI Number 65-0288697 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RODRIGUEZ, MARTIN
15625 S.W. 87TH AVENUE
MIAMI FL 33157

7. Name and Address of New Registered Agent

Name: MARTIN M. RODRIGUEZ
Street Address (P.O. Box Number is Not Acceptable): 15625 SW 87 AVE
City: MIA FL Zip Code 33157

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: MARTIN M. RODRIGUEZ PRES 8-31-00
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 NAME STREET ADDRESS CITY-ST-ZIP	PTSV RODRIGUEZ, MARTIN 15625 S.W. 87TH AVENUE MIAMI FL 33157	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCM RODRIGUEZ, MARTIN 15625 S.W. 87TH AVENUE MIAMI FL 33157	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/99)

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 — Date — Daytime Phone #