

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 20, 2001 8:00 am
Secretary of State
 04-20-2001 90095 001 *3,308.75

DOCUMENT # V41108

1. Entity Name

SOUTH FLORIDA INVESTMENTS PROPERTIES, INC. ✓

Principal Place of Business

Mailing Address

68340

2. Principal Place of Business

901 PONCE DE LEON BLVD.

3. Mailing Address

901 PONCE DE LEON BLVD.

Suite, Apt. #, etc.

SUITE 601

Suite, Apt. #, etc.

SUITE 601

City & State

CORAL GABLES, FLORIDA

City & State

CORAL GABLES, FLORIDA

Zip
33134

Country

Zip
33134

Country

4. FEI Number

65-0370364

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FRANK J. SEGREDO, ESQUIRE
 SEGREDO & WEISZ, ATTORNEYS AT LAW
 901 PONCE DE LEON BLVD., SUITE 601
 CORAL GABLES, FLORIDA 33134

7. Name and Address of New Registered Agent

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

TITLE ☐ Delete
 NAME D
 STREET ADDRESS ARDILA, JAIME
 CITY-ST-ZIP 1643 BRICKELL AVENUE, UNIT 4702
 MIAMI, FLORIDA 33129

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

Date

Daytime Phone #

CR2F034 (11/00)