

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90171 032 ***150.00

DOCUMENT # V41108

1. Entity Name
**SOUTH FLORIDA INVESTMENTS PROPERTIES,
INC.**



Principal Place of Business
**901 PONCE DE LEON BLVD
SUITE 601
CORAL GABLES, FL 33134 US**

Mailing Address
**901 PONCE DE LEON BLVD
SUITE 601
CORAL GABLES, FL 33134 US**

90032268



2. Principal Place of Business
643 Brickell Ave.
Suite, Apt. #, etc.

3. Mailing Address
1643 Brickell Ave.
Suite, Apt. #, etc.

Apt. # **4702**
City & State
Miami, Florida

Apt. # **4702**
City & State
Miami, Florida

4. FEI Number
65-0370364

Applied For
Not Applicable

Zip
33129 Country
USA

Zip
33129 Country
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

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

Name
Miami Corporate Systems, Inc.
Street Address (P.O. Box Number is Not Acceptable)

283 Catalonia Ave., 2nd Floor
City **Coral Gables** FL Zip Code
33134

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **2/19/03**

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DPT
RUIZ, EZEQUIEL
901 PONCE DE LEON BLVD SUITE 601
CORAL GABLES, FL 33134** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Director
Ezequiel Ruiz
1643 Brickell Ave., # 4702
Miami, Florida 33129** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVS
BARRIOS, CARMEN
901 PONCE DE LEON BLVD SUITE 601
CORAL GABLES, FL 33134** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Director
Carmen Barrios
1643 Brickell Ave., # 4702
Miami, Florida 33129** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**President/Secretary
Pablo Ardila Sierra
1643 Brickell Ave., # 4702
Miami, Florida 33129** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Vice President/Asst. Secretary
Jaime Ardila
1643 Brickell Ave. # 4702
Miami, Florida 33129** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Treasurer
Hellen Sierra Jerez
1643 Brickell Ave., #4702
Miami, Florida 33129** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/2003

Date Daytime Phone #

CR2E034 (10/02)