

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90170 036 ***150.00

0217104 AV

DOCUMENT # P02000105502

1. Entity Name
SB SOUTH FLORIDA INVESTMENTS, INC.



Principal Place of Business
**777 BRICKELL AVENUE
SUITE 1070
MIAMI FL 33131**

Mailing Address
**777 BRICKELL AVENUE
SUITE 1070
MIAMI FL 33131**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MONTELLO, LOUIS R
777 BRICKELL AVENUE
SUITE 1070
MIAMI FL 33131**

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

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	D <input type="checkbox"/> Delete SILVA DI GERONIMO, ADOLFO J 777 BRICKELL AVENUE SUITE 1070 MIAMI FL 33131	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D P T S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Silva Di Geronimo, Adolfo J. 777 Brickell Avenue, Suite 1070 Miami, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete DE SILVA, MARIA N 777 BRICKELL AVENUE SUITE 1070 MIAMI FL 33131	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition De Silva, Maria N. 777 Brickell Avenue, Suite 1070 Miami, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Adolfo J. Silva di Geronimo **1/7/03**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)