

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 229476**1. Entity Name  
**SU-VAN, INC.****FILED**  
**Jan 17, 2001 8:00 am**  
**Secretary of State**

01-17-2001 90092 028 \*\*\*150.00

0184494

Principal Place of Business  
**5901 SAN VICENTE ST.  
CORAL GABLES FL 33146  
US**Mailing Address  
**5901 SAN VICENTE ST.  
CORAL GABLES FL 33146  
US**2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-6072068**  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required6. Name and Address of Current Registered Agent  
**SUSAN R. GEIGER  
5901 SAN VICENTE ST.  
CORAL GABLES FL 33146**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) DATE9. 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 Fees11. OFFICERS AND DIRECTORS  
TITLE NAME STREET ADDRESS CITY-ST-ZIP  
PST **SUSAN R. GEIGER**  
**5901 SAN VICENTE ST.**  
**CORAL GABLES FL 33146**  
☐ Delete  
TITLE NAME STREET ADDRESS CITY-ST-ZIP  
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TITLE NAME STREET ADDRESS CITY-ST-ZIP  
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TITLE NAME STREET ADDRESS CITY-ST-ZIP  
☐ Delete  
TITLE NAME STREET ADDRESS CITY-ST-ZIP  
☐ Delete12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  
TITLE NAME STREET ADDRESS CITY-ST-ZIP  
☐ Change ☐ Addition  
TITLE NAME STREET ADDRESS CITY-ST-ZIP  
☐ Change ☐ Addition  
TITLE NAME STREET ADDRESS CITY-ST-ZIP  
☐ Change ☐ Addition  
TITLE NAME STREET ADDRESS CITY-ST-ZIP  
☐ Change ☐ Addition  
TITLE NAME STREET ADDRESS CITY-ST-ZIP  
☐ Change ☐ Addition

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: Susan R. Geiger  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR1/8/01 305-663-1525  
Date Daytime Phone #

CR2E034 (10/00)