

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 08, 2000 8:00 am**  
**Secretary of State**

03-08-2000 90059 050 \*\*\*150.00

**DOCUMENT # P99000075443**

1. Entity Name

**SUAREZ & SUAREZ REFERRAL SERVICES, INC.**

Principal Place of Business

Mailing Address

3201 N.E. 32 AVENUE, SUITE 3-D  
 LAUDERDALE FL 33308

3201 N.E. 32 AVENUE, SUITE 3-D  
 FORT LAUDERDALE FL 33308-7136



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 10574 W. Sample Road Suite, Apt. #, etc.		3. Mailing Address 10574 W. Sample Road Suite, Apt. #, etc.		4. FEI Number 65-0939667		Applied For Not Applicable	
City & State Coral Springs, Florida		City & State Coral Springs, Florida		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip 33065	Country Broward	Zip 33065	Country Broward				

6. Name and Address of Current Registered Agent  N.A.F.A. ATTORNEYS, P.A. 1189 S.W. 8TH STREET, PH-4 MIAMI FL 33184				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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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 \_\_\_\_\_ (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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MALAVE, MALBRIT J 10710 W. SAMPLE ROAD CORAL SPRINGS FL 33065 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Carlos Eduardo Suarez 10574 W. Sample Rd ,Coral Springs Florida 33065 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS SUAREZ, CARLOS M 3201 N.E. 32 AVENUE, APR. 3-E FORT LAUDERDALE FL 33308 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-President Zcherezade Gallardo 10574 W. Sample Road Coral Springs, Fl. 33065 <input type="checkbox"/> Change <input checked="" 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
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
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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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]* **REQUIRED** MARCH 5/2000 (954) 7535467  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)