

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000098824

1. Entity Name

SORPRESAS.COM, INC.

Principal Place of Business

16909 NORTH BAY ROAD
SUITE 72-1
NORTH MIAMI BEACH FL 33160

Mailing Address

16909 NORTH BAY ROAD
SUITE 72-1
NORTH MIAMI BEACH FL 33160

2. Principal Place of Business

18051 Biscayne Blvd

3. Mailing Address

18051 Biscayne Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1005 - 1N

1005 - 1N

City & State

City & State

Nventura FL

Nventura FL

Zip

Country

Zip

Country

33160

U.S.A

33160

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD NINO, CONSTANZA 16909 NORTH BAY ROAD SUITE 721-1 NORTH MIAMI BEACH FL 33160	<input type="checkbox"/> Delete
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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)(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

04-26-01. 305-6066137

Date

Daytime Phone #

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90216 040 ***150.00

310011



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0960794 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

CR2E034 (10/00)