

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90971 029 ***150.00

DOCUMENT # 267163

1. Entity Name

SUEZ MOTEL, INC.



Principal Place of Business

~~18215 COLLINS AVENUE~~
~~MIAMI BEACH FL 33160~~

Mailing Address

~~18215 COLLINS AVENUE~~
~~MIAMI BEACH FL 33160~~

10023922



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

13850 Stirling Road

3. Mailing Address

13850 Stirling Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Southwest Ranches FL

City & State

Southwest Ranches FL

Zip

33330

Country

BROWARD

Zip

33330

Country

BROWARD

4. FEI Number

59-0999695

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DANIELS, NICHOLAS M
C/O THERREL BAISDEN P.A.
ONE SE THIRD AVE., SUITE 2400
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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	D	<input type="checkbox"/> Delete
NAME	LUCAS, RUTH K	
STREET ADDRESS	18215 COLLINS AVE	
CITY-ST-ZIP	MIAMI BEACH FL 33160	
TITLE	D	<input type="checkbox"/> Delete
NAME	LUCAS, FRANCES W	
STREET ADDRESS	18215 COLLINS AVE	
CITY-ST-ZIP	MIAMI BEACH FL 33160	
TITLE	D	<input type="checkbox"/> Delete
NAME	LUCAS, ROBERT	
STREET ADDRESS	18215 COLLINS AVE	
CITY-ST-ZIP	MIAMI BEACH FL 33160	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	13850 Stirling Road	
STREET ADDRESS	SOUTHWEST RANCHES FL 33330	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	13850 Stirling Road	
STREET ADDRESS	SOUTHWEST RANCHES FL 33330	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	13850 Stirling Road	
STREET ADDRESS	SOUTHWEST RANCHES FL 33330	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 REQUIRED

V. Pres

2-24-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)