

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 06, 2005 08:00 AM
Secretary of State

DOCUMENT # 210949

1. Entity Name

SURENE BUILDERS, INC.



Principal Place of Business

5385 PALM AVE.
P.O. BOX 2546 PALM VILLAGE STATION
HIALEAH FL 33012-7546

Mailing Address

P.O. BOX 22546
HIALEAH FL 33002-2546
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/04)

4. FEI Number

59-0947994

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KURZWEIL, ALAN
9591 SW 134 TERRACE
MIAMI FL 33176

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. 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, 2005 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

TITLE VSD ☐ Delete
NAME KURZWEIL, JODI L.
STREET ADDRESS 2000 ISLAND BLVD # 2603
CITY- ST- ZIP AVENTURA FL 33160

TITLE VD ☐ Delete
NAME RICH, KING
STREET ADDRESS 900 BAY DRIVE #204
CITY- ST- ZIP MIAMI BEACH FL 33141

TITLE PD ☐ Delete
NAME KURZWEIL, ALAN
STREET ADDRESS 9591 SW 124 TERRACE
CITY- ST- ZIP MIAMI FL 33176

TITLE TD ☐ Delete
NAME OROVITZ, ESTA K.
STREET ADDRESS 14020 SW 104TH PL
CITY- ST- ZIP MIAMI FL 33176

TITLE AS ☐ Delete
NAME LOZANO, BARBARA
STREET ADDRESS 10471 NW 130 STREET
CITY- ST- ZIP HIALEAH GARDENS FL 33018

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP
U000000289444
04/06/05-80018-022 150.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-31-05

305-822-9555

Date

Daytime Phone #