

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 344280

1. Entity Name
AMERITAS, INC.

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90052 043 ***150.00

Principal Place of Business

2050 CORAL WAY
SUITE 401
MIAMI FL 33145
US

Mailing Address

2050 CORAL WAY
SUITE 401
MIAMI FL 33145
US

2. Principal Place of Business

10125 SW 72 AVE

Suite, Apt. #, etc.

3. Mailing Address

SAME

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

4. FEI Number 59-1582677

Applied For

Not Applicable

Zip 33156

Country U.S.A.

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SUAREZ, JORGE L
2050 CORAL WAY #401
MIAMI FL 33145

Name JORGE L. SUAREZ

Street Address (P.O. Box Number is Not Acceptable)
10125 SW 72 AVE

City MIAMI

FL

Zip Code 33156

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 Jorge L. Suarez

1/22/01

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	P	<input type="checkbox"/> Delete
NAME	SUAREZ, YOLANDA	
STREET ADDRESS	2050 CORAL WAY #401	
CITY-ST-ZIP	MIAMI FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	SUAREZ, JORGE L	
STREET ADDRESS	2050 CORAL WAY, #401	
CITY-ST-ZIP	MIAMI FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	SUAREZ, YOLI A	
STREET ADDRESS	2050 CORAL WAY, #401	
CITY-ST-ZIP	MIAMI FL	
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	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUAREZ YOLANDA	
STREET ADDRESS	10125 SW 72 AVE	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUAREZ JORGE L	
STREET ADDRESS	10125 SW 72 AVE	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUAREZ YOLI A.	
STREET ADDRESS	10125 SW 72 AVE	
CITY-ST-ZIP	MIAMI FL 33156	
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Yolanda Suarez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/01 305-661-1095

Date

Daytime Phone #

CR2E034 (10/00)