

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 452018**

1. Entity Name

SUKI INC.**FILED**
Apr 14, 2000 8:00 am
Secretary of State

04-14-2000 90117 016 ***150.00

Principal Place of Business

**1486 NW 23RD ST
MIAMI FL 33142**

Mailing Address

**1486 NW 23RD ST
MIAMI FL 33142-7624**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1551929**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent****VARELA, EMILIO
821 WREN AVE
MIAMI SPRINGS FL****7. Name and Address of New Registered Agent**

Name

OLGA M. MACAU

Street Address (P.O. Box Number is Not Acceptable)

1390 S. DIXIE HWY - SUITE 1311

City

CORAL GABLES**FL**Zip Code
33146

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 **OLGA M. MACAU**

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

(NOTE: Registered Agent signature required when reinstating)

03/31/00

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
PD	DIAZ, LAZARO	117 HAMMOND DR	MIAMI SPRINGS FL	<input type="checkbox"/>
STD	DIAZ, JOSE	270 MIAMI AVE	MIAMI SPRINGS FL	<input type="checkbox"/>
D	DIAZ, LUCY9	117 HAMMOND DRIVE	MIAMI SPRINGS FL	<input type="checkbox"/>
D	DIAZ, AURORA	270 MIAMI AVENUE	MIAMI SPRINGS FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

03/31/00

Date

305/635-5278

Daytime Phone #

CR2F034 (9/99)