

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 16, 2003 8:00 am**  
**Secretary of State**

01-16-2003 90102 007 \*\*\*150.00

**DOCUMENT # 477494**

1. Entity Name  
**SU PROPERTIES, INC.**



Principal Place of Business  
**8905 SW 102ND TERRACE**  
**MIAMI FL 33176**  
**US**

Mailing Address  
~~8905 SW 102ND TERRACE~~  
**MIAMI FL 33176**  
**US**

**20009594**



2. Principal Place of Business

3. Mailing Address  
**12185 South Dixie Hwy.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

City & State  
**Miami FL**

4. FEI Number **59-1689786**

Applied For  
Not Applicable

Zip

Country

Zip

**33156**

Country

**US**

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

6. Name and Address of Current Registered Agent

**SU, JAMES**  
~~8905 SW 102 TERR~~  
**MIAMI FL 33156**

7. Name and Address of New Registered Agent

Name **JAMES SU.**  
Street Address (P.O. Box Number is Not Acceptable)  
**12185 South Dixie Hwy.**  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *James Su* **JAMES SU** **Director** **Jan. 13, 2003**  
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

TITLE **PD** ☐ Delete  
NAME **SU, SIXTO**  
STREET ADDRESS **8905 SW 102 TERR**  
CITY-ST-ZIP **MIAMI FL**

TITLE **SD** ☐ Delete  
NAME **SU, HILDA**  
STREET ADDRESS **8905 SW 102 TERR**  
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☒ Addition  
NAME **Director**  
STREET ADDRESS **JAMES SU**  
CITY-ST-ZIP **12185 South Dixie Hwy. Miami FL 33156**

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 another like empowered.

**SIGNATURE:** *James Su* **JAMES SU** **Director**

**Jan. 13, 2003**

**(305) 251-7616**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)