

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 491071

1. Entity Name

A. SUAREZ COMPANY, INC.

**FILED**  
**Apr 11, 2002 8:00 am**  
**Secretary of State**

04-11-2002 90665 008 \*\*\*158.75

Principal Place of Business

Mailing Address

7925 NW 12 STREET  
STE 106  
MIAMI FL 33126  
US

PO BOX 52-2538  
MIAMI FL 33152  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1550 MADRUGA AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 412

City & State

City & State

CORAL GABLES, FL

4. FEI Number 59-1656656

Applied For

Not Applicable

Zip

Country

Zip

Country

33146

USA

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

CORPORATION COMPANY OF MIAMI  
1500 EDWARD BALL BLDG.  
100 CHOPIN PLAZA  
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.

SIGNATURE

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, 2002 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  
NAME SUAREZ, ALFREDO D  
STREET ADDRESS 7925 NW 12ST SUITE 106  
CITY-ST-ZIP MIAMI FL 33126 ☐ Delete

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

TITLE T  
NAME SUAREZ, JORGE H.  
STREET ADDRESS 7925 NW 12 ST SUITE 106  
CITY-ST-ZIP MIAMI FL 33126 ☐ Delete

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

TITLE S  
NAME SUAREZ, ALFREDO A  
STREET ADDRESS 7925 NW 12ST SUITE 106  
CITY-ST-ZIP MIAMI FL 33126 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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

Date

Daytime Phone #

ALFREDO A. SUAREZ 4/4/02 305 6653056

CR2E034 (9/01)