

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90141 036 ***150.00

0234050 AV

DOCUMENT # 599234
 1. Entity Name
SUJOTA, INC.

Principal Place of Business 8300 SW 8TH ST. SUITE 303 MIAMI FL 33144 US	Mailing Address 8300 SW 8TH ST #303 MIAMI FL 33144 US
---	---



2. Principal Place of Business 2911 SW 97th Avenue	3. Mailing Address 2911 SW 97th Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State MIAMI FL	City & State MIAMI FL	4. FEI Number 59-1892602	Applied For <input type="checkbox"/> Not Applicable
Zip 33165	Country USA	Zip 33165	Country USA

6. Name and Address of Current Registered Agent MELENDEZ-INSUA, ARISTIDES U 8300 S W 8TH STREET #303 MIAMI FL 33144	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2911 SW 97th Avenue City MIAMI FL Zip Code 33165
--	--

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 _____ (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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---	--

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS MELENDEZ-INSUA, ARISTIDES U 8300 SW 8TH ST #303 MIAMI FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2911 SW 97th Avenue MIAMI FL 33165-3046
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ORTEGA-TAIN, JOSE AVENIDA ANDRES BELLO CARACAS VZ <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT MELENDEZ-INSUA, JUANA 8300 SW 8 STR #303 MIAMI FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2911 SW 97th Avenue MIAMI FL 33165-3046
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS VALDES-FAULI, RAUL E 2 S BISCAYNE BLVD, SUITE 4300 MIAMI FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Aristides U Mendez-Insua, P *SIGNATURE REQUIRED* *Jan 17/2002* **305-221-2009**

Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/01)