

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 668663

1. Entity Name
SUITE 104, INC.

FILED
Jan 25, 2001 8:00 am
Secretary of State

01-25-2001 90147 041 ***150.00

Principal Place of Business

Mailing Address

~~1964~~ WESTON RD
WESTON FL 33326
US

~~1964~~ WESTON RD
WESTON FL 33326
US

2. Principal Place of Business

3. Mailing Address

1348 WESTON RD
Suite, Apt. #, etc.

1348 WESTON RD
Suite, Apt. #, etc.

City & State

WESTON, FL

City & State

WESTON, FL

4. FEI Number 59-2005162

Applied For

Not Applicable

Zip

33326

Country

US

Zip

33326

Country

US

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

FORGIONE, BARBARA
2963 OAKBROOK DR
WESTON FL 33332

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

Barbara Forgone BARBARA FORGIONE, PRESIDENT

1/16/01

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 S ☐ Delete
NAME RODRIGUEZ, CAROL
STREET ADDRESS 11271 REVELLE RD
CITY-ST-ZIP COOPER CITY FL

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

TITLE P ☐ Delete
NAME FORGIONE, BARBARA
STREET ADDRESS 2963 OAKBROOK DR
CITY-ST-ZIP WESTON FL 33332

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ 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

Barbara Forgone BARBARA FORGIONE, PRES. 1/16/01

Date

Daytime Phone #

CR2E034 (10/00)