

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F63601

1. Entity Name

STURE JOHANSSON INTERNATIONAL, INC.

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90099 004 ***158.75

Principal Place of Business

363 GRANELLO
CORAL GABLES FL 33146

Mailing Address

363 GRANELLO
CORAL GABLES FL 33146-1806

2. Principal Place of Business

7700 Red Road

Suite, Apt. #, etc.

3. Mailing Address

7700 Red Road

Suite, Apt. #, etc.

City & State

South Miami, Florida

City & State

South Miami, Florida

4. FEI Number

65-0135235

Applied For

Not Applicable

Zip

33143

Country

US

Zip

33143

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

WEIDER, NORMAN S ESQ.
100 S.E. 2ND STREET
SUITE 3910
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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	PD JOHANSSON, STEFAN 363 GRANELLO CORAL GABLES FL 33146	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	7700 RED ROAD SOUTH MIAMI, FLORIDA 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JOHANSSON, HENNY 363 GRANELLO CORAL GABLES FL 33146	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	7700 RED ROAD SOUTH MIAMI, FLORIDA 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JOHANSSON, STURE 363 GRANELLO CORAL GABLES FL 33146	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	7700 RED ROAD SOUTH MIAMI, FLORIDA 33143
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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

Stefan Johansson, 01.24.00 (305) 442.4600

Date

Daytime Phone #