

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90188 032 ***150.00

DOCUMENT # H54498

1. Entity Name

SUMARA, INC.

Principal Place of Business

Mailing Address

8966 S.W. 87TH COURT
SUITE 25
FL 33176

8966 S.W. 87TH COURT
SUITE 25
MIAMI FL 33176-2220
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2541589

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

PASS, ROSLYN
8966 SW 87TH COURT
SUITE 25
MIAMI FL 33176

9. 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
PD PASS, ROSLYN 1320 S DIXIE HWY #860 CORAL GABLES FL	<input type="checkbox"/>	NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/>
	<input type="checkbox"/>	NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/>
	<input type="checkbox"/>	NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/>
	<input type="checkbox"/>	NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/>
	<input type="checkbox"/>	NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/>
	<input type="checkbox"/>	NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/>

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

305-595-2600

Daytime Phone #

CR2E034 (9/99)