

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000010310

1. Entity Name  
SUD ENTERPRISES, LLC.

Principal Place of Business

7003 S.E. 53 LANE  
MIAMI FL 33155

Mailing Address

7003 S.E. 53 LANE  
MIAMI FL 33155

2. Principal Place of Business

7003 SW 53 LANE

Suite, Apt. #, etc.

3. Mailing Address

7003 SW 53 LANE

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33155

Country

USA

Zip

33155

Country

USA

4. FEI Number

65-1035454

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BARBIER, DOMINIQUE  
7010 S.W. 48TH LANE  
MIAMI FL 33155

7. Name and Address of New Registered Agent

Name BARBIER DOMINIQUE

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

7003 SW 53 LANE

City

MIAMI

FL

Zip Code

33155

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.

Dominique BARBIER

Feb 20, 2001

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGER MANAGING MEMBERS / MEMBERS

TITLE NAME DOMINIQUE BARBIER ☐ Delete  
STREET ADDRESS 7003 SW 53 LANE  
CITY-ST-ZIP MIAMI FL 33155

TITLE NAME MANAGER ☐ Delete  
NAME CHARLES A. MALORTIQUE  
STREET ADDRESS 7003 SW 53 LANE  
CITY-ST-ZIP MIAMI FL 33155

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS 300003829303--8  
CITY-ST-ZIP -03/09/01--01123--005  
\*\*\*\*\*55.00 \*\*\*\*\*55.00

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

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

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

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Charles A. MALORTIQUE Feb 20, 2001 786 797 9036

0032326 SP

CR2E083 (11/00)