

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **201000011391**

1. Entity Name
SUAMME, LLC

APPROVAL
AND
FILED

03 FEB -4 AM 9:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**7400 S.W. 126 STREET
MIAMI FL 33156**

Mailing Address

**7400 S.W. 126 STREET
MIAMI FL 33156**

2. Principal Place of Business

3. Mailing Address

12200 Vista Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Miami FL

Zip

33156

Country

USA

Zip

33156

Country

USA

4. FEI Number

65-1122529

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ZALDIVAR, MARYANN
7400 S.W. 126 STREET
MIAMI FL 33156**

7. Name and Address of New Registered Agent

Name **Maryann Zaldivar**

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

12200 Vista Lane

City **Miami**

FL

Zip Code **33156**

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

Maryann Zaldivar

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/3/03

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **MARYANN ZALDIVAR**
STREET ADDRESS **7400 SW 126 ST**
CITY-ST-ZIP **MIAMI, FL 33156**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME **MGR Maryann Zaldivar**
STREET ADDRESS **12200 Vista Lane**
CITY-ST-ZIP **Miami FL 33156**

TITLE ☐ Change ☐ Addition
NAME **300010408613**
STREET ADDRESS **01/22/03--01027--001**
CITY-ST-ZIP ****50.00**

TITLE ☐ Change ☐ Addition
NAME **300010408613**
STREET ADDRESS **02/04/03--01009--003**
CITY-ST-ZIP ****150.00**

TITLE ☐ Change ☐ Addition
NAME **REINSTATEMENT**
STREET ADDRESS **2002-2003**
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
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:

Maryann Zaldivar

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

(305) 662-9508

4/11/02 (780) 242 0170

CR2E083 (9/01)