

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 28, 2002 8:00 am**  
**Secretary of State**

02-28-2002 90073 006 \*\*\*150.00

037215 AV

**DOCUMENT # L81915**

1. Entity Name  
**SUCRE & CO., INC.**

Principal Place of Business  
**7869 LA MIRADA DRIVE**  
**BOCA RATON FL 33433**  
**US**

Mailing Address  
**7869 LA MIRADA DRIVE**  
**BOCA RATON FL 33433**  
**US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0202950**

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**RUBIN, DEBORAH L**  
**1260 SO FEDERAL HWY. STE 201**  
**SUITE 201**  
**BOYNTON BEACH FL 33435**

7. Name and Address of New Registered Agent

Name **CARL A. CASCIO, P.A.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**HART FINANCIAL PLAZA**  
**639 East Ocean Ave Suite 207**  
 City **BOYNTON BEACH, FL** Zip Code **33435**

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

**1/21/02**

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, 2002 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	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
DP	SUCRE, SOLANGE	7869 LA MIRADA DR	BOCA RATON FL 33433	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
DS	SUCRE, RICHARD	7869 LA MIRADA DR	BOCA RATON FL 33433	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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:

**SOLANGE SUCRE**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**02/11/02**  
 Date

**(561)3921684**  
 Daytime Phone #

CR2E034 (9/01)