

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M82383

1. Entity Name

ELBA LUCY SUAREZ, INC.

FILED
Sep 12, 2000 8:00 am
Secretary of State

09-12-2000 90239 037 ***550.00

Principal Place of Business

104 AMBER CREEK CIRCLE
CARY NC 27513

Mailing Address

104 AMBER CREEK CIRCLE
CARY NC 27513

2. Principal Place of Business

217 Weston Estates Way
Suite, Apt. #, etc.

3. Mailing Address

217 Weston Estates Way
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Morrisville, NC

City & State

Morrisville NC

4. FEI Number

65-0088128

Applied For

Not Applicable

Zip

Country

27560 Wake

Zip

Country

27560 Wake

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RICARDO, EDWIN
330 CAMILO AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

Elba Lucy Suarez

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

217 Weston Estates Way

City

Morrisville, NC

Zip Code

27560

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

TITLE	PD	<input type="checkbox"/> Delete
NAME	SUAREZ, ELBA LUCY	
STREET ADDRESS	104 AMBER CREEK CIRCLE	
CITY-ST-ZIP	CARY NC 27513	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	217 Weston Estates Way	
CITY-ST-ZIP	Morrisville NC 27560	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-31-00

Date

Daytime Phone #

CR2E034 (5/00)