

2000 UNIFORM BUSINESS REPORT (UBR)

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

09-12-2000 90239 037 ***550.00

DOCUMENT # M82383

1. Entity Name
ELBA LUCY SUAREZ, INC.

Principal Place of Business
**104 AMBER CREEK CIRCLE
 CARY NC 27513**

Mailing Address
**104 AMBER CREEK CIRCLE
 CARY NC 27513**

00000000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
217 Weston Estates Way
 Suite, Apt. #, etc.

3. Mailing Address
217 Weston Estates Way
 Suite, Apt. #, etc.

City & State
Morrisville, NC
 Zip Country
27560 Wake

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Morrisville NC
 Zip Country
27560 Wake

4. FEI Number **65-0088128**

Applied For
 Not Applicable

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 State Zip Code
Morrisville, NC 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

8-31-00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
PD
 NAME **SUAREZ, ELBA LUCY**
 STREET ADDRESS **104 AMBER CREEK CIRCLE**
 CITY-ST-ZIP **CARY NC 27513**

TITLE Change Addition
 NAME
 STREET ADDRESS **217 Weston Estates Way**
 CITY-ST-ZIP **Morrisville NC 27560**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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 STREET ADDRESS
 CITY-ST-ZIP

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TITLE Change 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-31-00
 Date Daytime Phone #

CR2E034 (5/00)