

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90204 044 ***150.00

DOCUMENT # M86613



1. Entity Name
SUITE 300 MANAGEMENT CORP.

Principal Place of Business
**2440 CORAL WAY
SUITE 300
MIAMI FL 33145**

Mailing Address
**2440 CORAL WAY
SUITE 300
MIAMI FL 33145**

00000000



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2852044**

Applied For
Not Applicable

CHECK HERE IF MAKING CHANGES

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PINO, RAUL F
2440 CORAL WAY
SUITE 300
MIAMI FL 33145**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DSP	<input type="checkbox"/> Delete
NAME	PINO, RAUL F.	
STREET ADDRESS	2440 CORAL WAY	
CITY-ST-ZIP	MIAMI FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	PINO, ISaura	
STREET ADDRESS	2440 CORAL WAY	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 1-16-03 Daytime Phone #: (305) 854-1904

CR2E034 (10/02)

Attachment

M86613

80008056

LAW OFFICES
RAUL F. PINO, P.A.
2440 Coral Way
Miami, Florida 33145

Telephone (305) 854-1904
Facsimile (305) 854-1937

January 16, 2003

Secretary of Florida
Division of Corporation
Caller Service # 1500
Tallahassee, FL 32302-1500

Re: Suite 300 Management Corp

Gentlemen:

Enclosed please find your 2003 Annual Report Forms which has been completed and duly executed by the undersigned.

Also enclosed please find our check to cover your fees in the amount of \$ 150.00.

Do not hesitate to contact us if you should need any additional information.

Sincerely yours,

Raul F. Pino, Esq
RAUL F. PINO, ESQ

RFP/vv
Encl