## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT:# N9900005275

1. Entity Name

BALLET ROSARIO SUAREZ, CORP.

FILED May 16, 2000 8:00 am Secretary of State

02-09-2000 90382 034 \*\*\*\*61.25

					· - · -	2000 90382 034 "		
Principal Place	of Business	Mailing Address			-			
5820 S.W. 8TH STREET MIAMI FL 33145		-5920-6.W. 97H STREET MIAMI FL 39144-3038			}			
								- •
2. Principal Place of Business		3. Mailing Address 5050 N.W. 7th. St. PH-5			1321115   114   1211   1211   2211   2211   2211   2211   2211   1211			
Suite, Apt. #, etc.		Suite, Apt. #, etc. PH-5			7 00	NOT WRITE IN THIS S	PACE	
City & State		City & State Miami, Fl. 33126			4. FEI Number   Applied Fo			
Zip	Country	Zip	Country		5. Certificate of Status	s_Desired	\$8.75 Addit TegʻRequired	tional ==
	6. Name and Address of Current	Registered Agent	<del>-                                    </del>	<del></del>	7. Name and Addres	s of New Registered A	-	•
			Na	ame				
SUAREZ, ROSARIO 5820 S.W. 8TH STREET MIAMI FL 33145		Street Addre		reet Addres	ss (P.O. Box Number is Not Acceptable)			
		City						
				ity	,	FL	Zip Code	
8. The above	named entity submits this statement f	or the purpose of changing its	registered of	ffice or regis	itered agent, or both, in the			
2. 1110 20010	The training of training of the training of training of the training of traini	t F F						
SOLUTION								
SIGNATURE _	Signature, typed or printed name of registered agen	and title it applicable. (NOT	Registered Age	ut ajõuajnse sadr	sired when reinstating)	DATE		
FILE NOW: FEE IS \$61.25				\$5.00 May Be Make Check Payable to Added to Fees Department of State		•		
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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 discording the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 1 changed, or on an attachment with an address, with all other like empowered. ROSARID SUANE 2

SIGNATURE: # SUPPLIED THE QUIREPARS IN ENT

02/01/00

(301) 267-500

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