

## 2000 UNIFORM BUSINESS REPORT (UBR)

2/

DOCUMENT # N99000005275

1. Entity Name

BALLET ROSARIO SUAREZ, CORP.

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

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

Principal Place of Business

Mailing Address

5820 S.W. 8TH STREET  
MIAMI FL 33145~~5820 S.W. 8TH STREET~~  
~~MIAMI FL 33145~~

2. Principal Place of Business

3. Mailing Address

5050 N.W. 7th. St. PH-5

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PH-5

City &amp; State

City &amp; State

Miami, Fl. 33126

Zip

Country

Zip

Country

4. FEI Number

65-0947512

Applied For

Not Applied

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SUAREZ, ROSARIO  
5820 S.W. 8TH STREET  
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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.259. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to FeesMake Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	SUAREZ, ROSARIO	
STREET ADDRESS	5820 S.W. 8TH STREET	
CITY-ST-ZIP	MIAMI FL 33145	
TITLE	ST	<input type="checkbox"/> Delete
NAME	ALVAREZ, JORGE L	
STREET ADDRESS	5820 S.W. 8TH STREET	
CITY-ST-ZIP	MIAMI FL 33145	
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		

TITLE	ED	<input checked="" type="checkbox"/> Change <input type="checkbox"/>
NAME	SUAREZ, Rosario	
STREET ADDRESS	5820 S.W. 8th. St.	
CITY-ST-ZIP	Miami, Fl. 33145	
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/>
NAME	ALVAREZ, Jorge L	
STREET ADDRESS	5820 S.W. 8th. St.	
CITY-ST-ZIP	Miami, Fl. 33145	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/>
NAME	Hernandez, Raul	
STREET ADDRESS	4450 S.W. 4th. St.	
CITY-ST-ZIP	Miami, Fl. 33134	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 changed, or on an attachment with an address, with all other like empowered. **ROSARIO SUAREZ**

SIGNATURE: *[Signature]* **REQUIRE RESIDENT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

02/01/00 (305) 267-5555