

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 04, 2002 8:00 am
Secretary of State

08-04-2002 90165 012 ***550.00

DOCUMENT # P00000087609

1. Entity Name
SURE CREST ENTERPRISES, INC.

Principal Place of Business

1177 NE 79TH STREET
 MIAMI FL 33138

Mailing Address

1177 NE 79TH STREET
 MIAMI FL 33138

2. Principal Place of Business

8459 N. Bayshore Dr.
 Suite, Apt. #, etc.

3. Mailing Address

8459 N. Bayshore Dr.
 Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

65-1044443

Applied For

Not Applicable

Zip

33138

Country

DADE

Zip

33138

Country

DADE

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

VAZQUEZ, OMAR R
1061 NE 86TH STREET
MIAMI FL 33138

7. Name and Address of New Registered Agent

Name

OMAR VAZQUEZ

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

1177 N.E. 79 Street

Suite, Apt. #, etc.

Suite A

City

Miami

FL

Zip Code

33138

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

7/15/02

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, 2002 Fee 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** ☐ Delete
 NAME **VAZQUEZ, OMAR**
 STREET ADDRESS **1177 NE 79TH STREET**
 CITY-ST-ZIP **MIAMI FL 33138**

TITLE **VD** ☐ Delete
 NAME **VAZQUEZ, SONIA**
 STREET ADDRESS **1177 NE 79TH STREET**
 CITY-ST-ZIP **MIAMI FL 33138**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition
 NAME **VAZQUEZ, OMAR**
 STREET ADDRESS **8459 N. Bayshore Dr.**
 CITY-ST-ZIP **Miami, FL 33138**

TITLE **VD** ☒ Change ☐ Addition
 NAME **VAZQUEZ, SONIA**
 STREET ADDRESS **8459 N. Bayshore Dr.**
 CITY-ST-ZIP **Miami, FL 33138**

TITLE ☐ Change ☐ Addition
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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 REQUIRED SONIA C. VAZQUEZ 7/15/02 305-754-8181
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/02)