

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91522 012 ***150.00

DOCUMENT # P00000111969

1. Entity Name
SUTTONWOOD INVESTMENTS CORP.

Principal Place of Business
240 CRANDON BLVD SUITE 101
KEY BISCAYNE FL 33149

Mailing Address
240 CRANDON BLVD SUITE 101
KEY BISCAYNE FL 33149

2. Principal Place of Business
1300 Brickell Ave.
 Suite, Apt. #, etc.

3. Mailing Address
1300 Brickell Ave.
 Suite, Apt. #, etc.

City & State
Miami FL

City & State
Miami FL

4. FEI Number **65-1061363**

Applied For
 Not Applicable

Zip
33131

Country

Zip
33131

Country

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

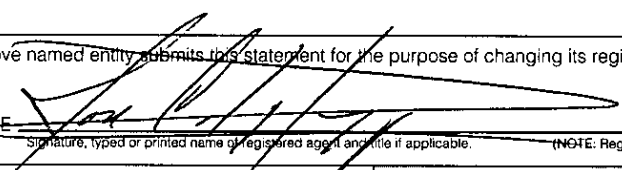
6. Name and Address of Current Registered Agent

SANCHEZ DE VARONA, RAUL J
145 MADEIRA AVENUE SUITE 310
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name **Jose A. Rodriguez**
Street Address (P.O. Box Number is Not Acceptable)
150 Alhambra Circle
Suite 1270
City **Coral Gables** **FL** **Zip Code** **33134**

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  **4/29/02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE**

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 \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE **D** **BARBAGALLO, MIGUEL A** ☒ **Delete**
NAME
STREET ADDRESS **240 CRANDON BLVD SUITE 101**
CITY-ST-ZIP **KEY BISCAYNE FL 33149**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **95/D** ☐ **Change** ☒ **Addition**
NAME **Edgardo Defortuna**
STREET ADDRESS **1300 Brickell Ave.**
CITY-ST-ZIP **Miami FL 33131**

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

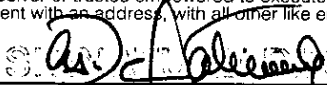
TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

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

 **Edgardo Defortuna**
President

4/29/02
Date

Daytime Phone #

CR2E034 (9/01)