

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000015861

1. Entity Name
SURIANA, INC.

Principal Place of Business

P.O.BOX 152164
TAMPA FL 33684

Mailing Address

P.O.BOX 152164
TAMPA FL 33684

2. Principal Place of Business

24 W. 4th st

3. Mailing Address

4215 N. ARMENIA AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
APOPKA FLORIDACity & State
TAMPA FL

Zip 32703

Country U.S.A

Zip FLORIDA

Country U.S.A

4. FEI Number

X59-3701905

Applied For

Not Applicable

6. Name and Address of Current Registered Agent

VALLEJO, NORBERTO
4512 N MATANZAS AVE
TAMPA FL 33614

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

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 \$550.00
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution: \$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME VALLEJO, NORBERTO
STREET ADDRESS 4512 N MATANZAS AVE
CITY-ST-ZIP TAMPA FL 33614 DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change Addition400008838074
11/06/02-01138--003 **100.00TITLE D
NAME LUNA, JORGE
STREET ADDRESS 6644 GUNNELL CT
CITY-ST-ZIP ORLANDO FL 32809 DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change Addition400008838074
11/06/02-01138--004 **375.00TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change Addition400008838074
11/06/02-01138--005 **275.00TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change Addition

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/15/02 (813) 354-9216

Daytime Phone #

Date

CR2E034 (4/02)

0120207 AT