

# 2002 ~~UNIFORM BUSINESS REPORT (UBR)~~

0126207 AT

DOCUMENT # P01000015861

1. Entity Name  
SURIANA, INC.

FILED

02 NOV -6 PM 5:10

Principal Place of Business

P.O. BOX 152164  
TAMPA FL 33684

Mailing Address

P.O. BOX 152164  
TAMPA FL 33684

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2. Principal Place of Business

24 W. 4th St

3. Mailing Address

4215 N. ARMENIA AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**REINSTATEMENT 2002**  
DO NOT WRITE IN THIS SPACE

City & State

APOLKA FLORIDA

City & State

TAMPA FL

4. FEI Number

159-3701905

Applied For

Not Applicable

Zip  
32703

Country  
U.S.A

Zip

FLORIDA

Country

U.S.A

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VALLEJO, NORBERTO  
4512 N MATANZAS AVE  
TAMPA FL 33614

7. Name and Address of New Registered Agent

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 State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME VALLEJO, NORBERTO  
STREET ADDRESS 4512 N MATANZAS AVE  
CITY-ST-ZIP TAMPA FL 33614

TITLE D ☐ Delete  
NAME LUNA, JORGE  
STREET ADDRESS 6644 GUNNELL CT  
CITY-ST-ZIP ORLANDO FL 32809

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 ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 400008838074  
CITY-ST-ZIP 11/06/02--01138--003 \*\*100.00

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 400008838074  
CITY-ST-ZIP 11/06/02--01138--004 \*\*375.00

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 400008838074  
CITY-ST-ZIP 11/06/02--01138--005 \*\*275.00

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, or other like empowered.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/15/02 (813) 354-9216

Date

Daytime Phone #

CR2E034 (4/02)