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FILED
Jun 18, 2002 8:00 am
Secretary of State

03-26-2002 90052 013 ***150.00

[redacted]

DO NOT WRITE IN THIS SPACE

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000017688

1. Entity Name
SUCERNE PROPERTIES, INC.

Principal Place of Business	Mailing Address c/o
100 S.E. 2ND STREET SUITE 3920 MIAMI FL 33131	100 S.E. 2ND STREET SUITE 3920 MIAMI FL 33131

2. Principal Place of Business	3. Mailing Address c/o Collins 100 S.E. 2nd Street
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite 3920
City & State	City & State MIAMI, FL
Zip / Country	Zip 33131 Country US

4. FEI Number ☑ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SHIMOFF, IRVING 100 S.E. 2ND STREET SUITE 3920 MIAMI FL 33131	Name c/o Christina Collins Street Address (P.O. Box Number is Not Acceptable) 100 S.E. 2nd Street # 3920 Suite 3920 City Miami, FL Zip Code 33131

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 Christina Collins 4-30-02
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 Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME ROMEU CHAPCHAP STREET ADDRESS 6615 10th Avenue West CITY-ST-ZIP BRADENTON FL 34209	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE VP NAME NUR ZEIDO CHAP CHAP STREET ADDRESS 6615 10th Avenue West CITY-ST-ZIP BRADENTON FL 34209	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/01)

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: Nur Zeido Chap Chap 2/13/02 (941) 994-5005 or (55)(11) 3284-4028 SAO PAULO BRAZIL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #