

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

0296648  
AV

DOCUMENT # P01000054072

1. Entity Name  
LA DULCE VIDA ARABIANS, INC.



Principal Place of Business  
8509 NW 68TH ST  
MIAMI FL 33166-2664

Mailing Address  
8509 NW 68TH ST  
MIAMI FL 33166-2664



2. Principal Place of Business  
11801 NW 8 ST.  
Suite, Apt. #, etc.

3. Mailing Address  
11801 NW 8 ST.  
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
Plantation, FL

City & State  
Plantation, FL

Zip  
33325

Country  
USA

Zip  
33325

Country  
USA

4. FEI Number 65-1118246

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

SUAREZ, CHARLES J  
11801 NW 8TH ST  
PLANTATION FL 33323-1401

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DPT.	<input type="checkbox"/> Delete
NAME	SUAREZ, MARTHA M	
STREET ADDRESS	11801, NW 8TH ST	
CITY-ST-ZIP	PLANTATION FL 33324-1401	
TITLE	DVS.	<input type="checkbox"/> Delete
NAME	SUAREZ, CHARLES J	
STREET ADDRESS	11801 NW 8TH ST	
CITY-ST-ZIP	PLANTATION FL 33325-1401	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_ DATE: 4/25/03 DAYTIME PHONE #: 9544741708

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)