

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

**FILED**  
**Aug 05, 2002 8:00 am**  
**Secretary of State**

08-05-2002 90002 031 \*\*\*158.75

DOCUMENT # P01000075751

1. Entity Name

SUGARPLUS, INC.

**DO NOT WRITE IN THIS SPACE**

972419

2. Principal Place of Business

15241 S.W. 153 Place

Suite, Apt. #, etc.

3. Mailing Address

15241 S.W. 153 Place

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Miami, FL 33187

City & State

Miami, FL 33187

4. FEI Number

65-0161104

Applied For

Not Applicable

Zip  
33187

Country  
Dade

Zip  
33187

Country  
Dade

5. Certificate of Status Desired

☒

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

RICARDO F. VASCONCELOS

Street Address (P.O. Box Number is Not Acceptable)

15241 SW 153 Place

City

Miami

FL

Zip Code  
33187

**DO NOT WRITE  
IN THIS SPACE**

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

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

P  
RICARDO F. VASCONCELOS  
15241 SW 153 Place  
Miami, FL 33187

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)

Attachment

SUGARPLUS, INC.  
15241 S.W. 153 Place  
Miami, Florida 33187

972419

July 25, 2002

#P01000075751

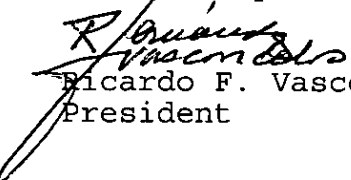
Divisions of Corporations  
Uniform Business Reports  
P.O. Box 1500  
Tallahassee, Florida 32302-1500

Dear Sirs:

Enclosed is our Uniform Business Report for 2002, as downloaded from the Internet. We did not receive the form that is usually mailed each year.

Please let us know if you have any questions.

Yours truly,

  
Ricardo F. Vasconcelos  
President