

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

FILED
Jun 03, 2002 8:00 am
Secretary of State

06-03-2002 91196 001 ***150.00

DOCUMENT # **PO1 000107114** ✓

1. Entity Name

SUR-SIN ENTERPRISES, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7860 N.W 30 St

3. Mailing Address

7860 N.W 30 St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Hollywood, FL

City & State

Hollywood, FL

4. FEI Number

65-1157657

Applied For

Not Applicable

Zip

Country

33024

Zip

Country

33024

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

SOMAWATTIE SURUJALL

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

7860 N.W 30 St

City

Hollywood

FL

Zip Code

33024

**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: **Somawattie Surujall**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

5-24-02

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	VKE President
NAME	TRICIA Singh
STREET ADDRESS	160 N.W 197 St
CITY-ST-ZIP	MIAMI, FL 33169
TITLE	PRESIDENT
NAME	SOMAWATTIE SURUJALL
STREET ADDRESS	7860 N.W 30 St
CITY-ST-ZIP	Hollywood, FL 33024
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	

**DO NOT WRITE
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: **Somawattie Surujall**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/24/02

Date

954-704-1540

Daytime Phone #

CR2E034B (12/01)