

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 14, 2003 8:00 am**  
**Secretary of State**

05-14-2003 90132 035 \*\*\*150.00

**DOCUMENT # P01000107114**

1. Entity Name  
**SUR-SIN ENTERPRISES, INC.**



Principal Place of Business  
**7860 NW 30TH STREET #1  
HOLLYWOOD FL 33024**

Mailing Address  
**7860 NW 30TH STREET #1  
HOLLYWOOD FL 33024**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-1157657**

Applied For  
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**SURUJALL, SOMAWATTIE  
7860 NW 30TH STREET #1  
HOLLYWOOD FL 33024**

7. Name and Address of New Registered Agent

Name **Chifford Singh**  
Street Address (P.O. Box Number is Not Acceptable)

**7860 N.W. 30 St**

City **Hollywood**

FL

Zip Code **33024**

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 **Chifford Singh**

**Chifford Singh VP**

**04-03-03**

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

DATE: Registered Agent signature required when reinstating.

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Must 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 **P**  
NAME **SURUJALL, SOMAWATTIE**  
STREET ADDRESS **7860 NW 30TH STREET #1**  
CITY-ST-ZIP **HOLLYWOOD FL 33024**

☐ Delete

TITLE **VP**  
NAME **SINGH, TRICIA**  
STREET ADDRESS **160 NW 197TH STREET**  
CITY-ST-ZIP **MIAMI FL 33169**

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VP**  
NAME **Chifford Singh**  
STREET ADDRESS **7860 N.W. 30 St**  
CITY-ST-ZIP **Hollywood FL 33024**

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04-03-03**

Date

**954-764-1590**

Daytime Phone #

CR255A (10/02)