

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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02 MAY -1 AM 7:36

DOCUMENT # P02000006625

1. Entity Name

Su Casa, Corp. of Miami

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2476 SW 25th Terrace

Suite, Apt. #, etc.

3. Mailing Address

Same

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Miami, Florida

City & State

4. FEI Number

Applied For

☒ Applied For

☐ Not Applicable

Zip

33133

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Jose Suarez

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

2476 SW 25th Terrace

City

Miami

FL

Zip Code
33133

**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 ☒

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

Jose Suarez

(NOTE: Registered Agent signature required when reinstating)

04/29/02

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirements 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	<i>PD Jose Suarez 2476 SW 25th Terrace Miami, FL 33133</i>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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: ☒

Jose Suarez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 29, 2002 305-772-6966

Date

Daytime Phone #