

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2003 8:00 am**  
**Secretary of State**

04-23-2003 90087 026 \*\*\*150.00

**DOCUMENT # P02000006625**

**1. Entity Name**  
**SU CASA, CORP. OF MIAMI**



**Principal Place of Business**  
**2476 SW 25TH TERR**  
**MIAMI FL 33133**

**Mailing Address**  
**2476 SW 25TH TERR**  
**MIAMI FL 33133**

**2. Principal Place of Business**  
**5201 SW 31 AV.**  
**Suite, Apt. #, etc. 199**

**3. Mailing Address**  
**5201 SW 31 AV.**  
**Suite, Apt. #, etc. 199**

**City & State**  
**FT. LAUDERDALE FL**  
**Zip 33312**  
**Country USA**

**City & State**  
**FT. LAUDERDALE FL**  
**Zip 33312**  
**Country USA**

**4. FEI Number** 00-0000000  
30-0089425

**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**

**SUAREZ, JOSE**  
**2476 SW 25TH TERR**  
**MIAMI FL 33133**

**7. Name and Address of New Registered Agent**

**Name** SUAREZ, JOSE  
**Street Address (P.O. Box Number is Not Acceptable)** 5201 SW 31 AV. # 199  
**City** FT. LAUDERDALE **FL** **Zip Code** 33312

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

*[Signature]* JOSE SUAREZ  
(NOTE: Registered Agent signature required when reinstating)

**DATE**

**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** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

**10. OFFICERS AND DIRECTORS**

**TITLE** PD ☐ Delete  
**NAME** SUAREZ, JOSE  
**STREET ADDRESS** 2476 SW 25TH TERR  
**CITY-ST-ZIP** MIAMI FL 33133

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**NAME**  
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**CITY-ST-ZIP**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
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**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:**

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Signature]* JOSE SUAREZ 4/21/03

Date

Daytime Phone #

CR2E034 (10/02)