

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91807 020 \*\*\*158.75

0240985 AV

**DOCUMENT # P02000050024**

**1. Entity Name**  
**SUGARPIE MANAGEMENT, INC.**



**Principal Place of Business**  
**1947 PARK AVENUE**  
**APT. #4**  
**MIAMI BEACH FL 33139**

**Mailing Address**  
**1947 PARK AVENUE**  
**APT. #4**  
**MIAMI BEACH FL 33139**

**2. Principal Place of Business**  
**1945 Park Ave**

**3. Mailing Address**  
**1945 Park Ave**

**Suite, Apt. #, etc.**  
**APT #4 12**

**Suite, Apt. #, etc.**  
**APT #4 12**

**City & State**  
**Miami Beach FL**

**City & State**  
**Miami Beach FL**

**Zip**  
**33139**

**Country**  
**USA**

**Zip**  
**33139**

**Country**  
**USA**



☒ CHECK HERE IF MAKING CHANGES

**4. FEI Number**  
**680503150**

**Applied For**  
**Not Applicable**

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

**6. Name and Address of Current Registered Agent**

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

**JIMENEZ, ROBERTO**  
**1947 PARK AVENUE**  
**APT. #4**  
**MIAMI BEACH FL 33139**

**Name** **Robert Jimenez**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**1945 Park Avenue**  
**APT # 12**  
**City** **Miami Beach** **FL** **Zip Code** **33139**

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

(NOTE: Registered Agent signature required when reinstating)

**4/30/03**  
**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**

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

**TITLE** **PD** ☒ **Delete**  
**NAME** **JIMENEZ, ROBERTO**  
**STREET ADDRESS** **1947 PARK AVENUE APT. #4**  
**CITY-ST-ZIP** **MIAMI BEACH FL 33139**

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

**TITLE** **PD** ☐ **Delete**  
**NAME** **Jimenez, Roberto**  
**STREET ADDRESS** **1945 Park Ave #4**  
**CITY-ST-ZIP** **Miami Beach FL 33139**

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

**TITLE** ☐ **Delete**  
**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:** **REQUIRED**  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**4/30/03**  
**Date**

**Daytime Phone #**

CR2E034 (10/02)