

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 21, 2003 8:00 am**  
**Secretary of State**

08-21-2003 90108 028 \*\*\*150.00

0064070 AV

**DOCUMENT # P02000053942**

1. Entity Name  
**RAUL SONNY SURAREZ, PA**

(L)



Principal Place of Business  
**12035 GRIFFING BLVD  
BISCAYNE PARK FL 33161**

Mailing Address  
**12035 GRIFFING BLVD  
BISCAYNE PARK FL 33161**



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

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

7. Name and Address of New Registered Agent

**SUAREZ, RAUL S  
12035 GRIFFING BLVD  
BISCAYNE PARK FL 33161**

Name

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

City

**FL**

Zip Code

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)

DATE

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**Make 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**PD  
SUAREZ, RAUL S  
12035 GRIFFING BLVD  
BISCAYNE PARK FL 33161** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

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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 I am empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/18/03

786-229 8707

Date

Daytime Phone #

CR2E034 (4/03)



**Sonny Suarez**  
Providing Creative Solutions

Attachment

86139523  
#P02000053942

August 18, 2003

Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

To whom it may concern,

As the President of Raul Sonny Suarez, PA, this is the first official notice I've received in regards to renewing my corporation status. I have received no prior notification and would like the courtesy of the late fee waived. I have included the normal renewal fee of \$150.00 and I would like to make sure this does not happen again in the future.

Office  
305.672.1300 ext 4162

Fax  
305.981.0034

Cell  
786.229.8707

E-mail  
Sonny@SonnySuarez.com

Web site  
www.SonnySuarez.com

Thank you,

Raul Sonny Suarez, PA  
President