

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 91010 041 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000071929			
1. Entity Name SUR CREATIONS INC.			
Principal Place of Business 782 N W LE JEUNE ROAD SUITE 439 MIAMI, FL 33126		Mailing Address 782 N W LE JEUNE ROAD SUITE 439 MIAMI, FL 33126	
2. Principal Place of Business 4701 SW 75 AVE Suite, Apt. #, etc.		3. Mailing Address 4701 SW 75 AVE. Suite, Apt. #, etc.	
City & State MIAMI - FLORIDA Zip 33155 Country USA		City & State MIAMI - FLORIDA Zip 33155 Country USA	
4. FEI Number 54-2077763		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CRUZ, ALEJANDRINA G 782 N W LE JEUNE ROAD SUITE 439 MIAMI, FL 33126		7. Name and Address of New Registered Agent 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.		DATE _____ (NOTE: Registered Agent Signature required when releasing)	
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 D PIGNATA, CARLOS G 782 N W LE JEUNE ROAD MIAMI, FL 33126 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP PRESIDENT - TREASURER Pignata, Carlos Guillermo 4701 SW 75 AVE MIAMI, FL 33155 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP D MOCCIA, NICOLAS A 782 N W LE JEUNE ROAD MIAMI, FL 33126 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP VICE-PRESIDENT - SECRETARY Moccia, Nicolas Augustin 4701 SW 75 AVE. MIAMI, FL 33155 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE 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(5)(1), 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 507, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		04/29/03 305-265-7799 Daytime Phone	

70004114



☐ CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)