

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-23-2003 90069 023 ***158.75

DOCUMENT # P02000082695

1. Entity Name
SUMA'YA-BECS, INC.



Principal Place of Business
**9801 OLD BAYMEADOWS ROAD #143
JACKSONVILLE FL 32256**

Mailing Address
**9801 OLD BAYMEADOWS ROAD #143
JACKSONVILLE FL 32256**

11007478



2. Principal Place of Business
10270 POPLAR LAKE DR.
Suite, Apt. #, etc.

3. Mailing Address
10270 POPLAR LAKE DR.
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
JACKSONVILLE FL

City & State
JACKSONVILLE FL

4. FEI Number
76-0707221

Applied For
☐ Not Applicable

Zip Country
32257 USA

Zip Country
32257

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

6. Name and Address of Current Registered Agent

IRFAN, MUHAMMAD
9801 OLD BAYMEADOWS ROAD #143
JACKSONVILLE FL 32256

7. Name and Address of New Registered Agent

Name **IRFAN, MUHAMMAD**

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

10270 POPLAR LAKE DRIVE

City **JACKSONVILLE FL** Zip Code **32257**

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 **M. Irfan (MUHAMMAD IRFAN CEO) 4/20/03**
Signature, typed or printed name of registered agent and file if applicable. (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 Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO IRFAN, HUSSAINA 9801 OLD BAYMEADOWS ROAD #143 JACKSONVILLE FL 32256	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO IRFAN, MUHAMMAD 9801 OLD BAYMEADOWS ROAD #143 JACKSONVILLE FL 32256	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO IRFAN, HUSSAINA 10270 POPLAR LAKE DR JACKSONVILLE FL 32257	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO IRFAN, MUHAMMAD 10270 POPLAR LAKE DRIVE JACKSONVILLE FL 32257	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 like empowered.

SIGNATURE: **M. Irfan (MUHAMMAD IRFAN CEO) 4/20/03**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CP2E034 (10/02)