

FILED
Jun 18, 2004 8:00 am
Secretary of State

06-18-2004 90004 024 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000085193

1. Entity Name

Suengas Management, Inc.

DO NOT WRITE IN THIS SPACE

54058028

2. Principal Place of Business

3202 S.W. 147th Ave.

Suite, Apt. #, etc.

3. Mailing Address

Same

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Davie, Florida

City & State

4. FEI Number

11-3647662

Applied For

Not Applicable

Zip

Country

33330

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Manuel Suengas

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

3202 S.W. 147th Avenue

City
Davie,

FL

Zip Code
33330

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when translating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$650.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
Suengas, Manuel
STREET ADDRESS
3202 S.W. 147th Avenue
CITY- ST- ZIP
Davie, Florida 33330

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

CR2E034B (12/01)

attachment 54058028

RR

RAUL RICARDO JR.
CERTIFIED PUBLIC ACCOUNTANT

June 16, 2004

Uniform Business Report
Division of Corporation
P.O. Box 1500
Tallahassee, Florida 32302-1500

Ref: Suengas Management, Inc.
Document # P02000085193

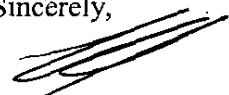
To Whom It May Concern:

Please be advised that the above-mentioned Corporation did not receive their 2004 Uniform Business Report form.

We are requesting that you waive the late fees and accept the enclosed completed UBR form along with a check in the amount of \$150 to cover for the initial renewal charges.

If you have any questions, please feel free to contact me at my office number listed below.

Sincerely,


Raul Ricardo, C.P.A.
Lic. # AC0013416