2001 UNIFORM BUSINESS REPORT (UBR)

03-03-2002 90090 002 ***550.00
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000020326

1. Entity Name
SUACO CORP.

Principal Place of Business	Mailing Address
16921 SE 19 CT SUMMERFIELD FL 34491	16921 SE 19 CT SUMMERFIELD FL 34491

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

REINSTATEMENT 01-02

4. FEI Number 59-3167931 — 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
SUAREZ, JORGE 16921 SE 19 CT SUMMERFIELD FL 34491	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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
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	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE PD NAME SOAROZ, JORGE → SUAREZ JORGE ☐ Delete STREET ADDRESS 16821 SE 19 CT CITY-ST-ZIP SUMMERFIELD FL 34491	TITLE ☐ Change ☐ Addition NAME 000005451980--E STREET ADDRESS -05/06/02--01017--007 CITY-ST-ZIP ****350.00 ****350.00
TITLE SD NAME SOAREZ, MICHELLE → SUAREZ Michelle ☐ Delete STREET ADDRESS 16921 SE 19 CT CITY-ST-ZIP SUMMERFIELD FL 34491	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME ☐ Delete STREET ADDRESS CITY-ST-ZIP	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME ☐ Delete STREET ADDRESS CITY-ST-ZIP	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
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TITLE NAME ☐ Delete STREET ADDRESS CITY-ST-ZIP	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP

CR2E034 (10/00)

13. 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 11 or Block 12 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 Date Daytime Phone #