

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 08, 2000 8:00 am**  
**Secretary of State**

03-08-2000 90011 035 \*\*\*150.00

**DOCUMENT # P93000028568**

1. Entity Name  
**SURSUM CORDA INCORPORATED**

Principal Place of Business 541 GOLDEN HARBOUR DR BOCA RATON FL 33432	Mailing Address 541 GOLDEN HARBOUR DR BOCA RATON FL 33432-2941
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>65-0419460</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	

<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>	
AMEGLIO, JORGE 541 GOLDEN HARBOUR DR BOCA RATON FL 33432	Name	
	Street Address (P.O. Box Number is Not Acceptable)	
	City	Zip Code
	FL	

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 \_\_\_\_\_ (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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME AMEGLIO, JORGE		NAME	
STREET ADDRESS 541 GOLDEN HARBOUR DR		STREET ADDRESS	
CITY-ST-ZIP BOCA RATON FL 33432		CITY-ST-ZIP	
TITLE VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KRISNA KARINA AMEGLO		NAME	
STREET ADDRESS 541 GOLDEN HARBOUR DR		STREET ADDRESS	
CITY-ST-ZIP BOCA RATON FL 33432		CITY-ST-ZIP	
TITLE DVP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PARENTEAU, FABIOLA		NAME	
STREET ADDRESS 541 GOLDEN HARBOUR DR		STREET ADDRESS	
CITY-ST-ZIP BOCA RATON FL 33432		CITY-ST-ZIP	
TITLE DT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DORATI, SOLMORAINE		NAME	
STREET ADDRESS 541 GOLDEN HARBOUR DR		STREET ADDRESS	
CITY-ST-ZIP BOCA RATON FL 33432		CITY-ST-ZIP	
TITLE DS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME AMEGLIO, MONICA I.		NAME	
STREET ADDRESS 541 GOLDEN HARBOUR DR		STREET ADDRESS	
CITY-ST-ZIP BOCA RATON FL 33432		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: \_\_\_\_\_ Date: Feb 14 '00 Daytime Phone #: 561-338-9284

CR2E034 (9/99)