

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000044951

1. Entity Name

SUTHERLAND CAPITAL INC.

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90010 014 ***150.00

Principal Place of Business

100 S BISCAYNE BLVD
SUITE 700
MIAMI FL 33131

Mailing Address

444 BRICKELL AVE
SUITE 51-116
MIAMI FL 33131-2403
US

2. Principal Place of Business

12805 S.W. 84th AVENUE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.
SECOND FLOOR / STELLAR

City & State
MIAMI

City & State

4. FEI Number

65-0427505

Applied For

Not Applicable

Zip
33156

Country
USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

REES, ERIC R
100 S BISCAYNE BLVD
SUITE 700
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name
REES, ERIC R.
Street Address (P.O. Box Number is Not Acceptable)
12805 S.W. 84th AVENUE
SECOND FLOOR / STELLAR
City
MIAMI FL Zip Code
33156

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

Eric Rees, Director & President

April 3, 2000

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, 2000 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP REES, ERIC R 100 S BISCAYNE BLVD SUITE 700 MIAMI FL	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP REES, ERIC R. 12805 S.W. 84 th AVENUE, SECOND FLOOR / STELLAR MIAMI FL 33156	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Eric Rees

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 3, 2000

Date

(305) 969-8818

Daytime Phone #

CR2E034 (9/99)