

2000 UNIFORM BUSINESS REPORT (UBR)

5-6-00

DOCUMENT # P95000065833

1. Entity Name

S.U.S. INVESTMENTS #111, INC.

Principal Place of Business

Mailing Address

1701 SW 12TH AVE
BOCA RATON FL 33486

1701 SW 12TH AVE
BOCA RATON FL 33433-3406

2. Principal Place of Business

3. Mailing Address

7284 W. Palmetto Park Road

7284 W. Palmetto Park Road

Suite, Apt. #, etc. Suite 101 South

Suite, Apt. #, etc. Suite 101 South

Boca Raton, FL 33433

Boca Raton, FL 33433

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

05/04/00 90199/001 750.00

4. FEI Number 65-0612235

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

JAFERI, AHL M
1701 S.W. 12TH AVENUE
BOCA RATON FL 33486

Name

JAFERI, AHL M

Street Address (Number, Not Acceptable)

7284 W. Palmetto Park Road
Suite 101 South
Boca Raton, FL 33433

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP JAFERI, AHL M 1701 SW 12TH AVE BOCA RATON FL 33486	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS RAZA, SAYED M 1701 S.W. 12TH AVENUE BOCA RATON FL 33486	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 #

CR2E034 (9/98)

5/16