

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000017754

1. Entity Name

PINES SUPREME ENTERPRISES, INC.

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90117 019 ***150.00

Principal Place of Business

Mailing Address

C/O LAW OFFICES OF DAVID HANNAN
7301 N.W. 4TH ST., STE. 102
PLANTATION FL 33317

C/O LAW OFFICES OF DAVID HANNAN
7301 N.W. 4TH ST., STE. 102
PLANTATION FL 33317-2234

2. Principal Place of Business

3. Mailing Address

404 COCONUT PALM ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

BOCA RATON, FL

Zip

Country

Zip

Country

33432

4. FEI Number

65-0660347

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

HANNAN, DAVID F
7301 N.W. 4TH STREET
SUITE 102
PLANTATION FL 33317

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, 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 PD ☐ Delete
NAME SUAREZ, JOSE M
STREET ADDRESS 10776 TEA OLIVE LN.
CITY-ST-ZIP BOCA RATON FL 33498

TITLE PD ☒ Change ☐ Addition
NAME SUAREZ, JOSE M.
STREET ADDRESS 404 COCONUT PALM ROAD
CITY-ST-ZIP BOCA RATON, FL 33432

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jose M. Suarez
Pres./Director

Date

Daytime Phone #

4/28/00

954
581-9388