

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90229 024 ***150.00

DOCUMENT # P96000036239

1. Entity Name
SUCRE TRADING CORPORATION

Principal Place of Business

**100 N. BISCAYNE BLVD
 SUITE 1107
 MIAMI FL 33132
 US**

Mailing Address

**100 N. BISCAYNE BLVD
 SUITE 1107
 MIAMI FL 33132
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2050 CORAL WAY

Suite, Apt. #, etc.

SUITE 508

City & State
MIAMI FLORIDA

Zip
33145

Country
USA

3. Mailing Address

2050 CORAL WAY

Suite, Apt. #, etc.

SUITE 508

City & State
MIAMI FLORIDA

Zip
33145

Country
USA

4. FEI Number **65-0669736**

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**LAW FIRM OF MANFRED ROSENOW, P.A.
 2425 CORAL WAY
 MIAMI FL 33145**

7. Name and Address of New Registered Agent

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, 2002 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	PD	<input type="checkbox"/> Delete
NAME	PABON, CARLOS A	
STREET ADDRESS	100 N. BISCAYNE BLVD, SUITE 1107	
CITY-ST-ZIP	MIAMI FL 33132	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DE PABON, BEATRIZ E	
STREET ADDRESS	100 N. BISCAYNE BLVD, SUITE 1107	
CITY-ST-ZIP	MIAMI FL 33132	
TITLE	T	<input type="checkbox"/> Delete
NAME	PABON, ANGELA M.	
STREET ADDRESS	100 N. BISCAYNE BLVD, SUITE 1107	
CITY-ST-ZIP	MIAMI FL 33132	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	M	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PABON MARTA I	
STREET ADDRESS	2050 CORAL WAY #508	
CITY-ST-ZIP	MIAMI FL 33145	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PABON CARLOS A	
STREET ADDRESS	2050 CORAL WAY #508	
CITY-ST-ZIP	MIAMI FL 33145	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PABON ANGELA M	
STREET ADDRESS	2050 CORAL WAY #508	
CITY-ST-ZIP	MIAMI FL 33145	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE PABON BEATRIZ E	
STREET ADDRESS	2050 CORAL WAY #508	
CITY-ST-ZIP	MIAMI FL 33145	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

Set

Daytime Phone #

CR2E034 (9/01)