

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000060648

1. Entity Name

SUCARRO INTERIORS, INC.

**FILED**  
Mar 06, 2001 8:00 am  
Secretary of State

03-06-2001 90324 036 \*\*\*150.00

Principal Place of Business

6101 ELM TREE CIRCLE  
FORT LAUDERDALE FL 33319  
US

Mailing Address

6101 ELM TREE CIRCLE  
FT LAUDERDALE FL 33319  
US

00021863



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21205 YACHT CLUB DR. #2109  
Suite, Apt. #, etc.  
#2109

3. Mailing Address

21205 YACHT CLUB DR  
Suite, Apt. #, etc.  
#2109

City & State

AVENTURA, FL.

City & State

AVENTURA, FL.

4. FEI Number

65-0682152

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

LAZAR, ROZ  
6101 ELM TREE CIRCLE  
FORT LAUDERDALE FL 33319

7. Name and Address of New Registered Agent

Name

ROZ LAZAR

Street Address (P.O. Box Number is Not Acceptable)

21205 YACHT CLUB DR. #2109

AVENTURA

City

AVENTURA

FL

Zip Code

33180

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

ROZ LAZAR PRESIDENT Roz Lazar 2/27/01

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)

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**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 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	D LAZAR, ROZ 6101 ELM TREE CIRCLE FORT LAUDERDALE FL 33319	<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	PRESIDENT LAZAR, ROZ 21205 YACHT CLUB DR. #2109 AVENTURA, FL. 33180	<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)(j), 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:

ROZ LAZAR

2/27/01

305-933-1987

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)