

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2002 8:00 am
Secretary of State

04-21-2002 90846 015 ***150.00

DOCUMENT # P96000060648

1. Entity Name

SUCARRO INTERIORS, INC.

Principal Place of Business

Mailing Address

~~21200 YACHT CLUB DRIVE~~

~~21200 YACHT CLUB DRIVE~~

Sucarro Interiors, Inc.
7635 Southampton Terrace
Suite 304
Ft. Lauderdale, Fl. 33321

Sucarro Interiors, Inc.
7635 Southampton Terrace
Suite 304
Ft. Lauderdale, Fl. 33321



DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

65-0682152

Applied For

Not Applicable

Zip

Country

Zip

Country

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

LAZAR, ROZ

Sucarro Interiors, Inc.
7635 Southampton Terrace
Suite 304
Ft. Lauderdale, Fl. 33321

Name

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

City

FL

Zip Code

Propose 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D PRESIDENT** ☐ Delete
NAME **LAZAR, ROZ**

STREET ADDRESS **Sucarro Interiors, Inc.**
7635 Southampton Terrace
CITY-ST-ZIP **Suite 304**
Ft. Lauderdale, Fl. 33321 ☐ Delete

TITLE ☐ Delete
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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)(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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)