

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90169 046 ***150.00

DOCUMENT # P96000061123

1. Entity Name

ROBERTO SURIS, G.C. CORP.

Principal Place of Business

**250 CATALONIA AVE
STE 503
COARL GABLES FL 33134**

Mailing Address

**250 CATALONIA AVE
STE 503
COARL GABLES FL 33134**

2. Principal Place of Business

4943 SW 75TH AVE

3. Mailing Address

4943 SW 75TH AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number **65-0680689**

Applied For

Not Applicable

Zip

33155

Country

DADE

Zip

33155

Country

DADE

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SURIS, ROBERTO JR.
250 CATALONIA AVE 503
CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name

SURIS, Roberto J. R.

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

4943 SW 75TH AVE

City

MIAMI

FL

Zip Code

33155

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)

1/26/01

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, 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 **D** ☒ Delete
NAME **SURIS, ROBERTO SR**
STREET ADDRESS **250 CATALONIA, SUITE 501**
CITY-ST-ZIP **COARL GABLES FL 33134**

TITLE **D** ☒ Delete
NAME **SURIS, ROBERTO JR**
STREET ADDRESS **250 CATALONIA, SUITE 501**
CITY-ST-ZIP **COARL GABLES FL 33134**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
NAME **ROBERTO SURIS SR**
STREET ADDRESS **4943 S.W. 75TH AVE**
CITY-ST-ZIP **MIAMI, FLORIDA 33155**

TITLE **D** ☒ Change ☐ Addition
NAME **ROBERTO SURIS JR**
STREET ADDRESS **4943 S.W. 75TH AVE**
CITY-ST-ZIP **MIAMI, FLORIDA 33155**

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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

1/26/01

DATE

305-663-1012

DAYTIME PHONE #

CR2E034 (10/00)