

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000077247

1. Entity Name

SUSANA, INC.

**FILED**  
**Feb 05, 2000 8:00 am**  
**Secretary of State**

02-05-2000 90029 023 \*\*\*150.00

Principal Place of Business

2153 N.E. 203RD TERRACE  
NORTH MIAMI FL 33179

Mailing Address

2153 N.E. 203RD TERRACE  
NORTH MIAMI FL 33179-2215

2. Principal Place of Business

18282 W. Dixie Hwy

3. Mailing Address

18282 W. Dixie Hwy

Suite, Apt. #, etc.

N. Miami

Suite, Apt. #, etc.

City & State

N. Miami, FL

4. FEI Number

65-0706357

Applied For

Not Applied

Zip 33160

Country U.S.A.

Zip 33160

Country U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SEGAL, WILLIAM J ESQ.  
20801 BISCAYNE BLVD.  
SUITE 304  
AVENTURA FL 33180

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, 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

TITLE	D	<input type="checkbox"/> Delete
NAME	SMULEVICH, ANA E	
STREET ADDRESS	2153 NE 203RD TERR.	
CITY-ST-ZIP	N. MIAMI BEACH FL 33179	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEDERMAN, SUSAN	
STREET ADDRESS	21131 HIGHLAND LAKES BLVD.	
CITY-ST-ZIP	N. MIAMI BEACH FL 33179	
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		<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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

*Susan Lederman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/17/2000 (305) 931-2669  
Date Daytime Phone #