

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000091113

1. Entity Name

MR. SUDS 905 CORP.

Principal Place of Business

Mailing Address

905 ALTON RD  
MIAMI BEACH FL 33139

SOUTH BROWARD ACCOUNTING SERVICE, INC.  
7777 DAVIE ROAD EXT., SUITE 1028  
HOLLYWOOD FL 33024-2513

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FEINGOLD, LAURENCE  
407 LINCOLN RD, SUITE 704  
MIAMI BEACH FL 33139

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
WEST, DAVID  
1940 BAY DR, #4  
MIAMI BEACH FL 33141

☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
PAREDES, ANGEL A  
1940 BAY DR #4  
MIAMI BCH FL 33141

☐ Delete

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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

DAVID WEST

Date

1/20/00

Daytime Phone #

305 866-9989

**FILED**  
**Jan 27, 2000 8:00 am**  
**Secretary of State**

01-27-2000 90022 016 \*\*\*150.00

00016553



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0707818

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional Fee Required**

CR2E034 (9/99)