

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P96000091113

FILED  
Jan 29, 2002 8:00 AM  
Secretary of State

Entity Name: MR. SUDS 905 CORP.

## Current Principal Place of Business:

905 ALTON RD  
MIAMI BEACH, FL 33139

## New Principal Place of Business:

## Current Mailing Address:

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

## New Mailing Address:

SOUTH BROWARD ACCOUNTING SERVICE, INC.  
1152 N UNIVERSITY DR STE 202  
PEMBROKE PINES, FL 33024

FEI Number: 65-0707818

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so ( ).

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: WEST, DAVID  
Address: 1940 BAY DR, #4  
City-St-Zip: MIAMI BEACH, FL 33141

Title: S ( ) Delete  
Name: PAREDES, ANGEL A  
Address: 1940 BAY DR #4  
City-St-Zip: MIAMI BCH, FL 33141

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID WEST

P

01/29/2002

Electronic Signature of Signing Officer or Director

Date