

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2002 8:00 am
Secretary of State
05-01-2002 91566 004 ***150.00

DOCUMENT # P97000085323
1. Entity Name
SURELINE INVESTMENTS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 7905 Embassy Blvd Suite, Apt. #, etc.		3. Mailing Address 7905 Embassy Blvd. Suite, Apt. #, etc.	
City & State Miramar, FL	City & State Miramar, FL	Zip 33023	Country U.S.A.

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0785671	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Wayne Dames
Street Address (P.O. Box Number is Not Acceptable)
7905 Embassy Blvd
City Miramar **FL** **Zip Code** 33023

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 Wayne V. Dames **DATE** 4-3-02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
(See criteria on back)

January 1 - May 1: Fee is \$150.00
After May 1: Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P T WAYNE DAMES 7905 Embassy Blvd Miramar, FL 33023	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S RONALD PIERRE 445 NW 87 St. Migmi FL 33150	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Wayne V. Dames **DATE** 4/3/02 **Daytime Phone #** 305-301-1249 954 322-6579
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR