

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000099463

1. Entity Name  
**SUGAR FREE CORPORATION**

**FILED**  
**Apr 25, 2001 8:00 am**  
**Secretary of State**

04-25-2001 90043 042 \*\*\*150.00

Principal Place of Business  
**198 NW 79TH STREET**  
**MIAMI FL 33150**

Mailing Address  
**198 NW 79TH STREET**  
**MIAMI FL 33150**

2. Principal Place of Business  
**199 NW 79st**  
Suite, Apt. #, etc.

3. Mailing Address  
**199 NW 79st**  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
**MIAMI FL 33150**  
Zip  
**33150** Country  
**USA**

City & State  
**MIAMI FL 33150**  
Zip  
**33150** Country  
**USA**

4. FEI Number **65-0888367**  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

## 6. Name and Address of Current Registered Agent

**CORREA, MARIO**  
**419 LAKEVIEW DR BLDG 78**  
**APT #108**  
**FORT LAUDERDALE FL 33326**

## 7. Name and Address of New Registered Agent

Name **MARIO CORREA**  
Street Address (P.O. Box Number is Not Acceptable)  
**1086 LONGVIEW**  
City **WESTON** FL Zip Code **33326**

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, 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>CORREA, MARIO</b> <b>419 LAKEVIEW DR BLDG 78 #108</b> <b>FT. LAUDERDALE FL 33326</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>LUBIN, JOEL</b> <b>1517 NE 118TH STREET</b> <b>MIAMI FL 33161</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

04/16/01

Date

305 9706154

Daytime Phone #

CR2E034 (10/00)