

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 30, 2001 08:00 AM**
Secretary of State**DOCUMENT # P98000016075**1. Entity Name
SURPLUS RE INTERNATIONAL, INC.Principal Place of Business
19710 SW 87 PLACE

MIAMI FL 33157
Mailing Address
19710 SW 87 PLACE

MIAMI FL 331572. Principal Place of Business
10691 NORTH KENDALL DRIVE
3. Mailing Address
10691 NORTH KENDALL DRIVESuite, Apt. #, etc.
#201
Suite, Apt. #, etc.
#201City & State
MIAMI FL
City & State
MIAMI FLZip
33186
Country
Zip
33186
Country4. FEI Number
65-0822691
Applied For
Not Applicable5. Certificate of Status Desired ☒ **\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentDA SILVA SHAHEEDA B
19710 SW 87 PLACE

MIAMI FL 33157**7. Name and Address of New Registered Agent**Name
PESTANO BRUCE A
Street Address (P.O. Box Number is Not Acceptable)
10691 NORTH KENDALL DRIVE
#201
City
MIAMI FL
Zip Code
33186

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 **BRUCE ANDREW PESTANO****04/30/2001**

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	DA SILVA SHAHEEDA B	
STREET ADDRESS	C/O 19710 SW 87 PLACE	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	VD	<input type="checkbox"/> Delete
NAME	LIENDO JESUS	
STREET ADDRESS	C/O 19710 SW 87 PLACE	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	PD	<input type="checkbox"/> Delete
NAME	PESTANO BRUCE	
STREET ADDRESS	C/O 19710 SW 87 PLACE	
CITY-ST-ZIP	MIAMI FL 33157	
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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	VD			<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
	LIENDO JESUS	10691 NORTH KENDALL DRIVE, #201	MIAMI FL 33186		
	PDS			<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
	PESTANO BRUCE	10691 NORTH KENDALL DRIVE, #201	MIAMI FL 33186		
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<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: Bruce A. Pestano**PDS****04/30/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)