

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000018873

1. Entity Name

SURFACE SOLUTIONS OF SOUTH FLORIDA, INC.

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90171 005 ***150.00

Principal Place of Business

7154 N UNIVERSITY DR
 132
 TAMARAC FL 33321

Mailing Address

7154 N UNIVERSITY DR
 132
 FORT LAUDERDALE FL 33321-2916

2. Principal Place of Business

7667 W. Sample Rd.

Suite, Apt. #, etc.

#103

City & State

Coral Springs, FL 33065

Zip

33065

Country

USA

3. Mailing Address

7667 W. Sample Rd.

Suite, Apt. #, etc.

#103

City & State

Coral Springs, FL 33065

Zip

33065

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0818404

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BAEZA, SEAN C
 7154 N UNIVERSITY DR
 132
 TAMARAC FL 33321

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	V	<input type="checkbox"/> Delete
NAME	BAEZA, JUDITH	
STREET ADDRESS	12008 ROYAL PALM BLVD	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE	P	<input type="checkbox"/> Delete
NAME	BAEZA, SEAN	
STREET ADDRESS	7154 N. UNIVERSITY BLVD #132	
CITY-ST-ZIP	TAMARAC FL 33321	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

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

4/25/00

Date

954 227-1733

Daytime Phone #

CR2E034 (9/99)