## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000018873  1. Entity Name SURFACE \$OLUTIONS OF SOUTH FLORIDA, INC.				Secretary of State 02-07-2002 90069 007 ***150.00		
Principal Place of Business 12209 NW 35TH STREET CORAL SPRINGS FL 33065 US		Mailing Address 12209 NW 35TH STREET CORAL SPRINGS FL 33065 US .			15001907°	
2. Principal Place of Business		3. Mailing Address			-	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE	
City & State		City & State			4. FEI Number 65-0818404 Applied For Not Applicable	
Zip	Country	Zip	Country		5. Certificate of Status Desired	
	6. Name and Address of Current I	Registered Agent	Name		7. Name and Address of New Registered Agent	
BAEZA, SEAN C				Street Address (P.O. Box Number is Not Acceptable)		
	35TH STREET	Sileer Address (			(1.0. DOX NUMBER IS NOT ACCEPTABLE)	
CORAL SP	PRINGS FL 33065		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 a	nd title if applicable. (NOTE:	Registered Agent sign	ature required	1-17-02_ d 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!!! F After May 1, 2002 F Make Check Payable to				\$550.00	10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.  Added to Fees	
11.	OFFICERS AND I	<del></del>	12.	1.7	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BAEZA, JUDITH 12008 ROYAL PALM BLVD CORAL SPRINGS FL 33065	<b>©</b> Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Vice ROC 120 COV	change Maddition drey Baeza  De Royau Palm Blvd  au Springs, FL 33045	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BAEZA, SEAN 12209 NW 35TH STREET CORAL SPRINGS FL 33065	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS GITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS ĈITY-ST-ZIP	-	☐ Change ☐ 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 BEQUIRED