

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90050 045 ***150.00

DOCUMENT # P98000038160**1. Entity Name**
SUBURBAN ACRES INC.**Principal Place of Business****1110 S.W. 22 STREET**
MIAMI FL 33129**Mailing Address****1110 S.W. 22 STREET**
MIAMI FL 33129**508151**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0832021**Applied For
Not Applicable

Zip

Country

Zip

Country

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****ROHAN, LAURENCE J**
4675 PONCE DE LEON BLVD. #302
CORAL GABLES FL 33146

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, 2002 Fee will be \$550.00
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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE** **PO** ☐ Delete
NAME **ROTFORT, LOUIS P**
STREET ADDRESS **1110 S.W. 22 STREET**
CITY-ST-ZIP **MIAMI FL 33129**☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** **SD** ☐ Delete
NAME **ROHAN, LAURENCE J**
STREET ADDRESS **4675 PONCE DE LEON BLVD. SUITE 302**
CITY-ST-ZIP **CORAL GABLES FL 33146**☐ Change ☐ Addition
TITLE
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CITY-ST-ZIP**TITLE** ☐ Delete
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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:** **X** *Louis P. Rotfort* **Louis P. Rotfort**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)