

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Sep 13, 2000 08:00 AM  
Secretary of State

DOCUMENT # P98000046745

1. Entity Name  
CUENCA SUN CENTRE, INC.

Principal Place of Business

C/O SAM CUENCA  
290 N.W. 165 STREET #PH5  
MIAMI  
33169

FL

Mailing Address

C/O SAM CUENCA  
290 N.W. 165 STREET #PH5  
MIAMI  
33169

FL

2. Principal Place of Business

C/O SAM CUENCA

3. Mailing Address

C/O SAM CUENCA

Suite, Apt. #, etc.

325 CENTER ISLAND

Suite, Apt. #, etc.

325 CENTER ISLAND

City & State

GOLDEN BEACH

FL

City & State

GOLDEN BEACH,

FL

Zip  
33160

Country  
US

Zip  
33160

Country  
US

4. FEI Number

65-0841726

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CUENCA SAM  
290 N.W. 165 STREET  
SUITE PH5  
MIAMI  
33169

US

FL

7. Name and Address of New Registered Agent

Name

CUENCA SAM

Street Address (P.O. Box Number is Not Acceptable)

325 CENTER ISLAND

City  
GOLDEN BEACH

FL

Zip Code  
33160

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)

09/13/2000

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D  
CUENCA SAM  
290 N.W. 165 STREET #PH5  
MIAMI FL 33169

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D  
CUENCA SAM  
325 CENTER ISLAND  
GOLDEN BEACH FL 33160

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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NAME  
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CITY-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: Samuel Cuencas

Pro: 09/13/2000