

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 27, 2001 8:00 am**  
**Secretary of State**

04-27-2001 90323 023 \*\*\*150.00

**DOCUMENT # P98000089622**

1. Entity Name  
**SU DISCOUNT INC.**

Principal Place of Business <b>12081 W. OKEECHOBEE ROAD          HIALEAH GARDENS FL 33016</b>	Mailing Address <b>12081 W. OKEECHOBEE ROAD          HIALEAH GARDENS FL 33016</b>
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2. Principal Place of Business <b>12083 W Okeechobee Road</b>	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Hialeah Gardens</b>	City & State
Zip <b>FL 33018</b>	Country <b>USA</b>

4. FEI Number **28-5251072 Wrong** Applied For  
**65-0869871** 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**

**MARTINEZ, JESUS**  
**12081 W. OKEECHOBEE ROAD**  
**HIALEAH GARDENS FL 33016**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PD MARTINEZ, JESUS 12401 W. OKEECHOBEE ROAD LOT 390 HIALEAH GARDENS FL 33016</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD MARTINEZ, LOURDES E 12401 W. OKEECHOBEE ROAD LOT 390 HIALEAH GARDENS FL 33016</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**April 17/01** Date **(305) 825-2444** Daytime Phone #

CR2E034 (10/00)

Attachment Doc. # P78000089622  
150449

AMOUNT OF DEPOSIT (Do NOT type, please print.)

DOLLARS		CENTS
PLEASEB THIS IS OUR ID NUMBER		
EIN: 65-0869471 082412		

Mark the "X" in this box only if there is a change to Employer Identification Number (EIN) or Name.

See instructions on page 1.

BANK NAME/ DATE STAMP

SU DISCOUNT INC  
12083 W OKECHOBEE RD  
HIALEAH GARDENS FL 33018-919

IRS USE ONLY

Darken only one TYPE OF TAX		TAX PERIOD
<input type="checkbox"/> 941	<input type="checkbox"/> 945	<input type="checkbox"/> 1st Quarter
<input type="checkbox"/> 990-C	<input type="checkbox"/> 1120	<input type="checkbox"/> 2nd Quarter
<input type="checkbox"/> 943	<input type="checkbox"/> 990-T	<input type="checkbox"/> 3rd Quarter
<input type="checkbox"/> 720	<input type="checkbox"/> 990-PF	<input type="checkbox"/> 4th Quarter
<input type="checkbox"/> CT-1	<input type="checkbox"/> 1042	
<input type="checkbox"/> 940		62

PLEASE THIS IS OUR ADDRESS

6 Telephone number

FOR BANK USE IN MICR ENCODING

Federal Tax Deposit Coupon  
Form 8109 (Rev. 10-96)

Sales and Use Tax Return

Florida

DR-15 R. 01/01

	1. Gross Sales	2. Exempt Sales	3. Taxable Amount	4. Tax Collected	
A. Sales					20
B. Taxable Purchases					21
C. Services					22
D. Transient Rentals					23
E. Food & Beverage Vending					24
Transient Rental Rate: .0600		Surtax Rate: .0050	Collection Period: MAR 2001		25
12083 W OKEECHOBEE RD					26
HIALEAH FL 33018-2919					27
Certificate Number: 23-05-489283-20-1	SIC: 5311	265-25-1392			28
SU DISCOUNT					29
MARTINEZ JESUS					30
12083 W OKEECHOBEE RD					31
HIALEAH FL 33018-2919					HD

5. Total Amount of Tax Collected

6. Less Lawful Deductions

7. Total Tax Due

8. Less Est. Tax Paid/ DOR Memo

9. Plus Est. Tax Due Current Month

10. Amount Due

11. Less Collection Allowance

12. Plus Penalty

13. Plus Interest

14. Amount Due with Return

APR 20 2001

0020 050301 310301 234892831

Electronic Funds Transfer

Check here if payment was transmitted electronically.