


**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90952 026 \*\*\*158.75

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<b>DOCUMENT #</b> P98000089622	
1. Entity Name SU DISCOUNT INC.	

Principal Place of Business 12083 W OKEECHOBEE ROAD HIALEAH GARDENS FL 33018	Mailing Address 12083 W OKEECHOBEE ROAD HIALEAH GARDENS FL 33018
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11020475



2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 12081 W Okeechobee Rd.
City & State	City & State Hialeah Gardens
Zip	Country USA
Country	Zip 33018

CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0869871	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MARTINEZ, JESUS 12081 W. OKEECHOBEE ROAD HIALEAH GARDENS FL 33016	
7. Name and Address of New Registered Agent	
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARTINEZ, JESUS 12401 W. OKEECHOBEE ROAD LOT 390 HIALEAH GARDENS FL 33016 <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	STD MARTINEZ, LOURDES E 12401 W. OKEECHOBEE ROAD LOT 390 HIALEAH GARDENS FL 33016 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**  **SIGNATURE REQUIRED**

Date: 4/23/03 Daytime Phone #: (305) 825-2444

CR2E034 (10/02)