

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000104724

1. Entity Name

ENCOMIENDAS A HONDURAS CORP.

FILED

Apr 12, 2000 8:00 am  
Secretary of State

04-12-2000 90004 030 \*\*\*150.00

Principal Place of Business

Mailing Address

1063 W FLAGLER STREET  
STE N-6  
MIAMI FL 33130  
US

1063 W FLAGLER STREET  
STE N-6  
MIAMI FL 33130-1001  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6753 S.W. 88 ST

3. Mailing Address

6753 S.W. 88 ST

Suite, Apt. #, etc.

APT B-110

Suite, Apt. #, etc.

APT B-110

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

65-0884395

Applied For

Not Applicable

Zip

33156

Country

USA

Zip

33156

Country

USA

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

SUSSMAN, VOLGA VOLGA  
6753 SW 84TH  
APT B-110  
MIAMI FL 33156

Name

VOLGA SUSSMAN

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

6753 S.W. 88TH ST APT B-110

City

MIAMI

FL

Zip Code

33156

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

*Volga Sussman*  
VOLGA SUSSMAN

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

04/07/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PSTD	<input type="checkbox"/> Delete
NAME	SUSSMAN, RICHARD JR	
STREET ADDRESS	6753 SW 88TH APT B-110	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	D	<input type="checkbox"/> Delete
NAME	SUSSMAN, VOLGA	
STREET ADDRESS	6753 SW 88TH APT B-110	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: *Volga Sussman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/07/00 786-218912