

2001 UNIFORM BUSINESS REPORT (UBR)

0266144

DOCUMENT # P99000007155

1. Entity Name

SUMETEX CORPORATION

FILED

01 DEC 28 AM 8:55

Principal Place of Business

2962 NW 109TH TERR.
SUNRISE FL 33322

Mailing Address

2962 NW 109TH TERR.
SUNRISE FL 33322

2. Principal Place of Business

C/O Bratter Krieger, LLP
Suite, Apt. #, etc.
777 17th St., PH

3. Mailing Address

Same as part 2
Suite, Apt. #, etc.



REINSTATEMENT

01

City & State

Miami Beach, FL 33139

City & State

Zip

Country

33139

USA

Country

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

65-1015150

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CONTRERAS, GUILLERMO
2962 NW 109TH TERR.
SUNRISE FL 33322

7. Name and Address of New Registered Agent

Name

Maria Cifuentes

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

C/O Bratter Krieger, LLP
777 17th St., PH,

City

Miami Beach

FL

Zip Code

33139

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)

12/28/01

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

TITLE P ☐ Delete
NAME PAOLO, NICOLICCHIE JR
STREET ADDRESS 2962 NW 109 TERR
CITY-ST-ZIP SUNRISE FL 33322

TITLE S ☒ Delete
NAME CONTRERAS, GUILLERMO
STREET ADDRESS 2962 NW 109 TERR
CITY-ST-ZIP SUNRISE FL 33322

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE 400004764884 ☐ Addition
NAME -01/10/02--01040--007
STREET ADDRESS *****785.00 *****785.00
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

[Signature]

Director

(305) 674-8472

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)