

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2002 8:00 am
Secretary of State

03-26-2002 90056 040 ***150.00

DOCUMENT # P99000035755

1. Entity Name

PAT SUAREZ LAND & PROPERTIES, INC.

Principal Place of Business

2655 LEJEUNE RD 782 N Le Jeune
 405
 CORAL GABLES FL 33134
 US

Mailing Address

6401 S.W. 116TH COURT
 MIAMI FL 33173

2. Principal Place of Business

782 N LE JEUNE RD.
 Suite, Apt. #, etc.
 203

City & State
 MIAMI FL 33126

Zip
 33126

Country
 DADE

3. Mailing Address

782 N LE JEUNE RD
 Suite, Apt. #, etc.
 203

City & State
 MIAMI FL

Zip
 33126

Country
 DADE



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0920546

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

SUAREZ, PATRICIA

6401 S.W. 116TH COURT 418 mendoza AVE
 MIAMI FL 33173 Coral Gables - Fl. 33134

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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, 2002 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

PTSD
 SUAREZ, PATRICIA
 6401 S.W. 116TH COURT 418 mendoza AVE
 MIAMI FL 33173 Coral Gables - Fl. 33134

☐ Delete

TITLE
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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 CITY-ST-ZIP

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☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)