

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000057144**

1. Entity Name

SUGAR & CINNAMON J.J., INC.**FILED**
Mar 27, 2001 8:00 am
Secretary of State

03-27-2001 90044 047 ***150.00

0012743

Principal Place of Business

Mailing Address

~~BOSQUES DE TAMARINDOS, #246, APT. 6001~~
~~EDO DE, MEXICO 05120~~4801 S. UNIVERSITY DRIVE
#3000
DAVIE FL 33328**LU8J7J39**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

11401 N. West 12th St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

MIAMI FLOZip
33172Country
USA

Zip

Country

4. FEI Number **65-0939874**Applied For
Not Applicable5. 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

RODRIGUEZ, MIGUEL J
4801 S. UNIVERSITY DRIVE
#3000
DAVIE FL 33328

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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 **PD** ☒ Delete
NAME **DERZAVICH KAMAN, ARIE**
STREET ADDRESS **BOSQUES DE TAMARINDOS, #246, APT. 6001**
CITY-ST-ZIP **EDO DE, MEXICO 05120**TITLE **PD** ☒ Change ☐ Addition
NAME **ARIE DERZAVICH**
STREET ADDRESS **4000 ISLAND BLV APT 2206**
CITY-ST-ZIP **N. MIAMI BEACH FLORIDA 33160**TITLE **VD** ☒ Delete
NAME **FLEGMAN GROSZ, JORGE**
STREET ADDRESS **BOSQUES DE TAMARINDOS, #246, APT. 6001**
CITY-ST-ZIP **EDO DE, MEXICO 05120**TITLE **VD** ☒ Change ☐ Addition
NAME **JORGE FLEGMAN**
STREET ADDRESS **P.O. BOX 2818**
CITY-ST-ZIP **HALLANDALE FLORIDA 33008-2818**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
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CITY-ST-ZIPTITLE ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/21/2001

Date

786-412-6533

Daytime Phone #

CR2E034 (10/00)