

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90014 022 ***150.00

DOCUMENT # P99000061376

Entity Name

SUIND INTERNATIONAL CORP.

Principal Place of Business ST. GABRIELLE LANE FL 33326	Mailing Address 1425 ST. GABRIELLE LANE #4203 WESTON FL 33326-4029
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DO NOT WRITE IN THIS SPACE

Principal Place of Business 1786 NORTH COMMERCE PKWY Suite, Apt. #, etc.	3. Mailing Address 1786 NORTH COMMERCE PARKWAY Suite, Apt. #, etc.
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City & State WESTON FL	City & State WESTON FL	4. FEI Number 65-0936676	Applied For Not Applicable
Zip 33326	Country BROWARD	Zip 33326	Country BROWARD
6. Name and Address of Current Registered Agent		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

PINEDA, DARIO R
 1425 ST. GABRIELLE LANE
 #4203
 WESTON FL 33326

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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

OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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PD PINEDA, DARIO R 1425 ST. GABRIELLE LANE #4203 WESTON FL 33326	<input type="checkbox"/> Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP
SVD ARIAS, VALMORE G 1425 ST. GABRIELLE LANE #4203 WESTON FL 33326	<input type="checkbox"/> Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP
ADDRESS ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: DARIO PUCHE 04/24/00 9543890038
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)