

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000061376

Entity Name

SUIND INTERNATIONAL CORP.

FILED

May 02, 2000 8:00 am
Secretary of State

05-02-2000 90014 022 ***150.00

Principal Place of Business

ST. GABRIELLE LANE
FL 33326

Mailing Address

1425 ST. GABRIELLE LANE
#4203
WESTON FL 33326-4029

Principal Place of Business

1786 NORTH COMMERCE PKWY
Suite, Apt. #, etc.

3. Mailing Address

1786 NORTH COMMERCE PARKWAY
Suite, Apt. #, etc.

City & State

WESTON FL

Zip

33326

Country

BROWARD

City & State

WESTON FL

Zip

33326

Country

BROWARD

4. FEI Number

65-0936676

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DARIO PUCHE

04/24/00 9543890038

Date

Daytime Phone #

CR2E034 (9/99)