

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Mar 08, 2000 8:00 am**  
**Secretary of State**

03-08-2000 90059 050 \*\*\*150.00

**DOCUMENT # P99000075443**

1. Entity Name

**SUAREZ & SUAREZ REFERRAL SERVICES, INC.**

Principal Place of Business

Mailing Address

3201 N.E. 32 AVENUE, SUITE 3-D  
FORT LAUDERDALE FL 33308

3201 N.E. 32 AVENUE, SUITE 3-D  
FORT LAUDERDALE FL 33308-7136

2. Principal Place of Business

10574 W. Sample Road

Suite, Apt. #, etc.

3. Mailing Address

10574 W. Sample Road

Suite, Apt. #, etc.

City & State

Coral Springs, Florida

City & State

Coral Springs, Florida

4. FEI Number

65-0939667

Applied For

Not Applicable

Zip

33065

Country

Broward

Zip

33065

Country

Broward

5. 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

**N.A.F.A. ATTORNEYS, P.A.**  
**1189 S.W. 8TH STREET, PH-4**  
**MIAMI FL 33184**

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, 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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Delete  
NAME **MALAVE, MALBRIT J**  
STREET ADDRESS **10710 W. SAMPLE ROAD**  
CITY-ST-ZIP **CORAL SPRINGS FL 33065**

TITLE **President** ☒ Change ☐ Addition  
NAME **Carlos EduARdo Suarez**  
STREET ADDRESS **10574 W. Sample Rd ,Coral Springs**  
CITY-ST-ZIP **Florida 33065** ☐ Change ☒ Addition

TITLE **VS** ☒ Delete  
NAME **SUAREZ, CARLOS M**  
STREET ADDRESS **3201 N.E. 32 AVENUE, APR. 3-E**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33308**

TITLE **Vice-President** ☐ Change ☐ Addition  
NAME **Zcherezade Gallardo**  
STREET ADDRESS **10574 W. Sample Road**  
CITY-ST-ZIP **Coral Springs, Fl. 33065** ☐ Change ☐ Addition

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**MARCH 5/2000** **(954) 7535467**

Date Daytime Phone #

CR2E034 (9/99)