2000 UNIFORM BUSINESS REPORT (UBR)

1 of 2

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 MAR 30 AM 9:12

DOCUMENT # P99000077789

1. Entity Name
A. PADRON, INC.
DBA/ SUNCOAST

Principal Place of Business
21175 S.W. 232 ST.
MIAMI, FL. 33170

Mailing Address
"SAME"

2. Principal Place of Business	3. Mailing Address
21175 SW 232 ST.	- SAME -
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI FLORIDA	City & State
Zip: 33170 Country:	Zip: Country:

2000-01 UBR

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0952285 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ADRIANO L. PADRON
21175 SW 232 ST.
MIAMI, FL. 33170

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

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 ADD $400 LATE CHARGE

10. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	OWNER/ PRESIDENT	☐ Delete
NAME	ADRIANO PADRON	
STREET ADDRESS	21175 SW 232 ST.	
CITY-ST-ZIP	MIAMI, FL. 33170	
TITLE	VICE-PRESIDENT	☐ Delete
NAME	CARLOS PADRON	
STREET ADDRESS	9151 FONTAINBLEAU #8	
CITY-ST-ZIP	MIAMI, FL. 33172	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	600003953696--0 -04/03/01--01078--013 ****150.00 ****150.00	☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	3/30	☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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] [signature] 3-2-01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

2052

2-1-01

TO WHOM IT MAY CONCERN:

I MAILED THE ATTACHED LETTER JUNE 15, 2000. I ATTACHE A CHECK FOR # 150.00. THE CHECK WAS NEVER CASHED AND I NEVER RECEIVED A NOTICE. COULD YOU PLEASE ACCEPT MY NEW CHECK FOR 2000 ($150.00) AND I WILL MAIL YOU ALSO A CHECK FOR YEAR 2001 ($150.00). IF YOU CAN NOT ACCEPT THIS PLEASE SEND ME MY CHECKS AND I WILL DISOLVE THE COMPANY.

THANK YOU

ADRIANO PADRON