

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 18, 2001 8:00 am
Secretary of State

09-18-2001 90004 040 ***558.75

DOCUMENT # P99000099251

1. Entity Name
SUAREZ ENTERPRISES, INC.

Principal Place of Business
849 LORCA STREET
CORAL GABLES FL 33134

Mailing Address
849 LORCA STREET
CORAL GABLES FL 33134

2. Principal Place of Business

3500 FRANTZ RD.
 Suite, Apt. #, etc.

3. Mailing Address

144707 P.O. BOX
 Suite, Apt. #, etc.

City & State
MIAMI

Zip
33133

County
H.

City & State
CORAL GABLES

Zip
33134

Country
FL

4. FEI Number
65-0964794

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

SUAREZ, IVAN
849 LORCA STREET
CORAL GABLES FL 33134

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 _____
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 \$550.00
After September 12, 2001 Fee will be \$750.00
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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
PTD	SUAREZ, IVAN		
849 LORCA STREET	849 LORCA STREET		
CORAL GABLES FL 33134	CORAL GABLES FL 33134		
VSD	SUAREZ, ANA		
849 LORCA STREET	849 LORCA STREET		
CORAL GABLES FL 33134	CORAL GABLES FL 33134		

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 an other like empowered.

SIGNATURE: _____ **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

CR2E034 (5/01)