

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000099251

1. Entity Name  
SUAREZ ENTERPRISES, INC.

Principal Place of Business  
3500 FRANTE RD.  
MIAMI FL 33133

Mailing Address  
P.O BOX 144707  
CORAL GABLES FL 33114

2. Principal Place of Business  
*3500 FRANTZ RD*

Suite, Apt. #, etc.  
Suite, Apt. #, etc.

City & State  
*COCONUT GROVE*

Zip *33133* Country *USA* Zip Country

#### 6. Name and Address of Current Registered Agent

SUAREZ, IVAN  
849 LORCA STREET  
CORAL GABLES FL 33134

4. FEI Number **65-0964794** Applied For  
Not Applicable

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

6. Name and Address of New Registered Agent

Name *IVAN SUAREZ*  
Street Address (P.O. Box Number is Not Acceptable) *3500 FRANTZ*  
Road  
City *COCONUT GROVE* FL *33133*

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 *IVAN SUAREZ*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE *04/21/2002*

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, 2002 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

TITLE **PTD**  
NAME *SUAREZ, IVAN*  
STREET ADDRESS *849 LORCA STREET*  
CITY-ST-ZIP *CORAL GABLES FL 33134*

Delete

#### 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE **VSD**  
NAME *SUAREZ, ANA*  
STREET ADDRESS *849 LORCA STREET*  
CITY-ST-ZIP *CORAL GABLES FL 33134*

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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Change  Addition

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Change  Addition

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CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

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 empowerments.

SIGNATURE: *IVAN SUAREZ* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*04/21/2002*

Date

Daytime Phone #

CR2E034 (9/01)