

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000105763

1. Entity Name
SUJAMI CORPORATION

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90211 031 ***158.75

Principal Place of Business TWO SOUTH BISCAYNE BOULEVARD ONE BISCAYNE TOWER, SUITE 2975 MIAMI FL 33131	Mailing Address TWO SOUTH BISCAYNE BOULEVARD ONE BISCAYNE TOWER, SUITE 2975 MIAMI FL 33131
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>8218 NW 103 St</i>	3. Mailing Address <i>/</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State <i>Hialeah Gardens, FL</i>	City & State <i>same</i>
Zip <i>33016</i>	Country <i>USA</i>

4. FEI Number <i>65-0968110</i>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MACDANIEL, JOHN M ESQ.
TWO SOUTH BISCAYNE BOULEVARD
ONE BISCAYNE TOWER, SUITE 2975
MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name *Nelly A. Park*

Street Address (P.O. Box Number is Not Acceptable)
8218 NW 103 St,

City *Hialeah Gardens* FL Zip Code *33016*

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]* 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) <input checked="" type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Nelly A. Park</i> <i>8218 NW 103 St,</i> <i>Hialeah Gardens FL 33016</i>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Nelly A. Park</i> <i>8218 NW 103 St,</i> <i>Hialeah Gardens FL 33016</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>* President/Secretary/Treasurer</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 empowered.

SIGNATURE: *[Signature]* DATE *4/11/2000* DAYTIME PHONE # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)