

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 12, 2002 8:00 am**  
**Secretary of State**  
05-12-2002 90635 006 \*\*\*150.00

**DOCUMENT # S13715**

**1. Entity Name**  
**SUDS, INC. OF HIALEAH**

**Principal Place of Business**

**2900 WEST 2ND AVENUE  
HIALEAH FL 33012**

**Mailing Address**

**2900 WEST 2ND AVENUE  
HIALEAH FL 33012**

**2. Principal Place of Business**

Suite, Apt. #, etc.

City & State

Zip

Country

**3. Mailing Address**

Suite, Apt. #, etc.

City & State

Zip

Country

**4. FEI Number 65-0227141**

Applied For  
Not Applicable

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

DO NOT WRITE IN THIS SPACE



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

**ECHEVERRIA, RAUL  
11791 SW 27 STREET  
MIAMI FL 33175**

**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 \$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 P** ☐ Delete  
**NAME ECHEVERRIA, RAUL**  
**STREET ADDRESS 11791 SW 27 STREET**  
**CITY-ST-ZIP MIAMI, FL 33175**

**TITLE V** ☐ Delete  
**NAME VALLE, JOSE**  
**STREET ADDRESS 3200 PONCE DE LEON BLVD.**  
**CITY-ST-ZIP CORAL GABLES FL**

**TITLE TS** ☐ Delete  
**NAME ECHEVERRIA, MARGARITA**  
**STREET ADDRESS 11791 SW 27 STREET**  
**CITY-ST-ZIP MIAMI, FL 33175**

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

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

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

**4-19-02**

**305-888-8101**

Date

Daytime Phone #

CR2E034 (9/01)