

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90341 034 \*\*\*150.00

DOCUMENT #

1. Entity Name

534560

SURAE CORPORATION



**DO NOT WRITE IN THIS SPACE**

50038467

2. Principal Place of Business

9240 W. BAY HARBOR DR. - SAME -

Suite, Apt. #, etc.

APT. 7-A

3. Mailing Address

Suite, Apt. #, etc.

- SAME -

City & State

BAY HARBOR, FLA

City & State

- SAME -

Zip

33154

Country

U.S.A.

Zip

- SAME -

Country

- SAME -

4. FEI Number

65-0262818

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

ROSE CHOROWSKI

Street Address (P.O. Box Number is Not Acceptable)

9240 W. BAY HARBOR DR

APT. 7-A

City

BAY HARBOR,

FL

Zip Code

33154

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution.

☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

ROSE CHOROWSKI, PRES.  
9240 W. BAY HARBOR DR (7-A)  
BAY HARBOR, FL 33154

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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**DO NOT WRITE  
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12. 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 10 or on an attachment with an address, with all other like empowerments.

SIGNATURE:

ROSE CHOROWSKI, PRES.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 10/05

Date

305-266-3517

Daytime Phone #

CR2E034B (12/02)