


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 12, 2003 8:00 am**  
**Secretary of State**

02-12-2003 90129 027 \*\*\*150.00

<b>DOCUMENT #</b> S34560	
<b>1. Entity Name</b> SURAE CORPORATION	

<b>Principal Place of Business</b> 9240 W. BAY HARBOR DR. APT. 7-A BAY HARBOR FL 33154 US	<b>Mailing Address</b> 9240 W. BAY HARBOR DR. APT. 7A BAY HARBOR FL 33154 US
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<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

<b>City &amp; State</b>	<b>City &amp; State</b>
<b>Zip</b>	<b>Country</b>

<b>4. FEI Number</b> 65-0262818	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

<b>6. Name and Address of Current Registered Agent</b>	
CHOROWSKI, ROSE 9240 W. BAY HARBOR DR. APT. 7-A BAY HARBOR FL 33154	

<b>7. Name and Address of New Registered Agent</b>	
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. I am familiar with, and accept the obligations of registered agent.

**SIGNATURE** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2003 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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<b>10. OFFICERS AND DIRECTORS</b>	
<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b>	<b>CITY - ST - ZIP</b>
<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b>	<b>CITY - ST - ZIP</b>
<b>TITLE</b>	<b>NAME</b>
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<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b>	<b>CITY - ST - ZIP</b>
<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b>	<b>CITY - ST - ZIP</b>

<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b>	<b>CITY - ST - ZIP</b>
<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b>	<b>CITY - ST - ZIP</b>
<b>TITLE</b>	<b>NAME</b>
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<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b>	<b>CITY - ST - ZIP</b>

**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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

<b>SIGNATURE:</b> 	<b>DATE</b> Feb 10/03	<b>Daytime Phone #</b> 305-866 3517
<b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</b>		

CR2E034 (10/02)