## 2002 UNIFORM BUSINESS REPORT (UBR)

## **FILED** May 07, 2002 8:00 am Secretary of State DOCUMENT # 659171 1. Entity Name 05-07-2002 90266 008 \*\*\*150 00 SUN MANUFACTURING CORPORATION Principal Place of Business Mailing Address 15959 NW 15TH AVENUE 15959 NW 15TH AVENUE MIAMI FL 33169 MIAMI FL 33169 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1980386 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROSENFELD, WILLIAM Street Address (P.O. Box Number is Not Acceptable) 15959 NW 15TH AVE **MIAMI FL 33169** City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE VASD ☐ Delete TITLE Change Addition CR2E034 (9/01) NAME FARR, NEAL E NAME STREET ADDRESS 11100 SW 64 AVE STREET ADDRESS CITY-ST-7IP PINECREST FL 33156 CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME ROSENFELD, WILLIAM NAME STREET ADDRESS 15959 N.W. 15 AVE. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33169** TITLE ☐ Delete TITLE Change Addition NAME Kramer, Kandy NAME STREET ADDRESS 10667 QUAYBRIDGE CT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33138 TITLE DCEO ☐ Delete TITLE ☐ Change ☐ Addition NAME KRAMER, JEFFREY A NAME STREET ADDRESS 10664 QUAYBRIDGE CT STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33138** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IE CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

NEAL FARR 4/22/02 NATURE AND TYPED OR RINTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment with an address

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 hat 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