


**FILED**  
**Apr 25, 2003 8:00 am**  
**Secretary of State**

04-25-2003 90245 014 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # 664288**

1. Entity Name  
**BUNKERS, INC.**



Principal Place of Business  
 1802 N.W. 37TH AVENUE  
 MIAMI, FL 33125

Mailing Address  
 1802 N.W. 37TH AVENUE  
 MIAMI, FL 33125

11017221

2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country



CHECK HERE IF MAKING CHANGES

5. Name and Address of Current Registered Agent  
**DELUCCA, CHARLES**  
**1801 N.W. 37TH AVENUE**  
**MIAMI, FL 33126**

4. FEI Number  
**59-2007466**

Applied For  
 Not Applicable

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

6. Name and Address of New Registered Agent  
 Name **DeLUCCA, Charles**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1802 NW. 37th AVE**  
 City **Miami FL** Zip Code **33125**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$160.00**  
 After May 1, 2003 Fee will be \$660.00  
 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	<input type="checkbox"/> Delete
PST	DELUCCA, CHARLES	1802 N.W. 37TH AVE.	MIAMI, FL	<input type="checkbox"/>
VD	DELUCCA, CHARLES	1802 N.W. 37TH AVE.	MIAMI, FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 reports 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.

SIGNATURE: Charles DeLucca Date: 4/23/03 Office Phone #: 305-633-4583

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CRZE034 (10/02)