

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 851157

1. Entity Name
SUNNYMAR LIMITED N.V., INC.

Principal Place of Business: G/O CORPORATE AGENTS N.V. PIETERMAAI 23 CURACAO, NETHERLANDS ANTILLES
Mailing Address: S. ROSS, CUSANO & CO. 18305 BISCAYNE BLVD. #302 MIAMI FL 33160

851157



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: 7% GREENWALD GLAUSER & ROSS, P.A. 18305 BISCAYNE BLVD
City & State: AVENTURA, FLORIDA
Zip: 33160

4. FEI Number: 52-1627692 Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent
MORGAN, CHARLES O JR
1300 N.W. 167TH STREET
MIAMI FL 33169

7. Name and Address of New Registered Agent
Name:
Street Address (P.O. Box Number is Not Acceptable):
City: FL Zip Code:

9. 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: _____ (NOTE: Registered Agent Signature required when completing) DATE: _____

10. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
11. 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, 2001 Fee will be \$350.00 Make Check Payable to Department of State

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS N 11	
TITLE NAME: PTM KUPPELHUBER, H. STREET ADDRESS: 8995 COLLINS AVE., #703 CITY-ST-ZIP: SURFSIDE FL 33154	<input type="checkbox"/> Delete	TITLE NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME: D CORPORATE AGENTS N.V. STREET ADDRESS: PIETERMAAI 23 CITY-ST-ZIP: CURACAO, NETH, ANTILLES	<input type="checkbox"/> Delete	TITLE NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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]* 25 MAY 2001 President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone