2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F84418

1. Entity Name

SUNBASE U.S.A., INC.

FILED
Feb 29, 2000 8:00 am
Secretary of State
02-29-2000 90138 002 ***150.00

Principal Place of Business	Mailing Address
1408 N WESTSHORE BLVD SUITE 1000 TAMPA FL 33607 US	1408 W WESTSHORE BLVD SUITE 1000 TAMPA FL 33607-4512 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2202168 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PEREZ-FERREIRO, JUAN C 1408 N WESTSHORE BLVD #1000 TAMPA FL 33607	Name: Patricia C. Latteri Street Address (P.O. Box Number is Not Acceptable): 1408 N. Westshore Blvd #1000 City: Tampa FL Zip Code: 33607

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: Patricia C. Latteri — Patricia C. Latteri — 2/14/2000 DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BARTH, R. ALEXANDER H.WEIERWEG 6 ROTHRIST SW ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP PEREZ-FERREIRO, JUAN C. 1408 N WESTSHORE BLVD., SUITE 1000 TAMPA FL ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HOUWELING, AART 1408 N WESTSHORE BLVD #1000 TAMPA FL 33607 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP Houweling, Aart ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST PATRICIA C LATTERI 1408 N WESTSHORE BLVD., SUITE 1000 TAMPA FL ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST Latteri, Patricia C. ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Patricia C. Latteri — PATRICIA C LATTERI — 2/14/2000 — 813-286-2625
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #