

06-03-2002 91195 008 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # PO1000048062

1. Entity Name

SUN KING APARTMENTS II, INC.

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2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc. <u>7801 TATUM WATERWAY</u>		Suite, Apt. #, etc.		<u>05-113657</u>		Not Applicable	
City & State <u>MIAMI BEACH FL</u>		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip <u>33141</u>	Country <u>US</u>	Zip	Country				

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7. Name and Address of Current Registered Agent

Name <u>FEINBERG, JEFFREY</u>	
Street Address (P.O. Box Number is Not Acceptable)	
<u>4000 HOLLYWOOD BLVD, SUITE 350-N</u>	
City <u>HOLLYWOOD</u>	FL Zip Code <u>33021</u>

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 S. Cherminsky
Signature, typed or printed name of registered agent and title if agent; (NOTE: Registered Agent's signature required when reinstating); DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so (See criteria on back) <input type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE	<u>D</u>	TITLE	
NAME	<u>CHELMINSKY, SHLOMO</u>	NAME	
STREET ADDRESS	<u>7801 Tatum Waterway Dr</u>	STREET ADDRESS	
CITY-ST-ZIP	<u>MIAMI BEACH FL 33141</u>	CITY-ST-ZIP	
TITLE	<u>D</u>	TITLE	
NAME	<u>CHELMINSKY DALIA</u>	NAME	
STREET ADDRESS	<u>7801 Tatum Waterway Dr</u>	STREET ADDRESS	
CITY-ST-ZIP	<u>MIAMI BEACH, FL 33141</u>	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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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)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: S. Cherminsky
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

CR2E034B (12/01)