

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

**FILED**  
**Mar 18, 2002 8:00 am**  
**Secretary of State**

03-18-2002 90093 001 \*\*\*\*\*8.75  
03-18-2002 90093 002 \*\*\*150.00

DOCUMENT # *P 95000046709*

1. Entity Name

*SUNNET CORP.*

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

*3501 W. Vine St, Suite 523*

Suite, Apt. #, etc.  
*Kissimmee, Florida*

City & State  
*34741 USA*

Zip Country

3. Mailing Address

*3501 W. Vine St, Suite 523*

Suite, Apt. #, etc.  
*Kissimmee, Florida*

City & State  
*34741 USA*

Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number

*59-3324321*

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name *Alexandr Fomin*

Street Address (P.O. Box Number is Not Acceptable)

*14203 Sun Bay Dr  
Orlando, Florida 32829*

City **FL** Zip Code

**DO NOT WRITE  
IN THIS SPACE**

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 *Alexandr Fomin, president, 03/04/02*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent 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) ☐

**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. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE *P*  
NAME *Fomin, Alexandr*  
STREET ADDRESS *14203 Sun Bay Dr.*  
CITY-ST-ZIP *Orlando, FL 32824*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE *V*  
NAME *Bogomolov, Sergei*  
STREET ADDRESS *14349 Sun Bay Dr.*  
CITY-ST-ZIP *Orlando, FL 32824*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE *M*  
NAME *Fomina, Janina*  
STREET ADDRESS *14203 Sun Bay Dr.*  
CITY-ST-ZIP *Orlando, FL 32824*

TITLE  
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Alexandr Fomin, 03/04/02*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1407/816* Date *70-90* Daytime Phone #

CR2E034B (12/01)