

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90263 042 ***158.75

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

DOCUMENT # *P 95000046709*

1. Entity Name

Sunnet Corp

DO NOT WRITE IN THIS SPACE

20045959

2. Principal Place of Business

8511 Terlizzi Ct

Suite, Apt. #, etc.

3. Mailing Address

8511 Terlizzi Ct

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Orlando

City & State

Orlando

4. FEI Number

59-3324321

Applied For

Not Applicable

Zip

32836

Country

USA

Zip

32836

Country

USA

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Alexandre Fomine

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

8511 Terlizzi Ct

City

Orlando

FL

Zip Code

32836

**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

Alexandre Fomine

Alexandre Fomine President

04/22/05

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

(NOT: Registered Agent signature required when reissuing)

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

NAME

STREET ADDRESS

CITY - ST - ZIP

*P
Alexandre Fomine
8511 Terlizzi Ct
Orlando, FL 32836*

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

*V
Sergei Bogomolov
14349 Sun Bay Dr
Orlando, FL 32824*

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

*M
Janna Fomina
8511 Terlizzi Ct
Orlando, FL 32836*

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

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**DO NOT WRITE
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:

Alexandre Fomine

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/22/05 /407/816-7090

DATE

US: (607) 816-7090