

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Sep 13, 2000 08:00 AM
Secretary of State

DOCUMENT # P98000046745

1. Entity Name
 CUENCA SUN CENTRE, INC.

Principal Place of Business C/O SAM CUENCA 290 N.W. 165 STREET #PH5 MIAMI 33169 FL	Mailing Address C/O SAM CUENCA 290 N.W. 165 STREET #PH5 MIAMI 33169 FL
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2. Principal Place of Business C/O SAM CUENCA	3. Mailing Address C/O SAM CUENCA
Suite, Apt. #, etc. 325 CENTER ISLAND	Suite, Apt. #, etc. 325 CENTER ISLAND

City & State GOLDEN BEACH FL	City & State GOLDEN BEACH, FL
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Zip 33160	Country US	Zip 33160	Country US
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4. FEI Number
65-0841726

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent CUENCA SAM 290 N.W. 165 STREET SUITE PH5 MIAMI 33169 US	7. Name and Address of New Registered Agent Name CUENCA SAM Street Address (P.O. Box Number is Not Acceptable) 325 CENTER ISLAND City GOLDEN BEACH FL Zip Code 33160
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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 _____ DATE **09/13/2000**
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

9. 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

11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D	<input type="checkbox"/> Delete		TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CUENCA SAM			NAME	CUENCA SAM		
STREET ADDRESS	290 N.W. 165 STREET #PH5			STREET ADDRESS	325 CENTER ISLAND		
CITY-ST-ZIP	MIAMI FL 33169			CITY-ST-ZIP	GOLDEN BEACH FL 33160		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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: Samuel Cuenca Date: 09/13/2000