

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 21, 2002 8:00 am**  
**Secretary of State**

01-21-2002 90004 018 \*\*\*150.00

**DOCUMENT # S42249**

1. Entity Name  
**SUN CITY GROUP INC.**

Principal Place of Business <b>321 KN UNIVERSITY DR                  VC-8                  PLANTATION FL 33324                  US</b>	Mailing Address <b>321 N UNIVERSITY DR                  VC-8                  PLANTATION FL 33324                  US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>321 N. University Dr.</b>	3. Mailing Address
Suite, Apt. #, etc. <b>VC-8</b>	Suite, Apt. #, etc.

City & State  
**Plantation, Florida**

City & State

4. FEI Number  
**65-0257316**

Applied For  
 Not Applicable

Zip <b>33324</b>	Country	Zip	Country
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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**

**Haidar, GEORGE  
 455 N. UNIVERSITY DR.  
 PLANTATION FL 33324**

Name <b>Haidar George</b>
Street Address (P.O. Box Number is Not Acceptable) <b>1103 NW 58th Terrace # 313</b>
City <b>Sunrise</b>
State <b>FL</b>
Zip Code <b>33313</b>

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 \_\_\_\_\_  
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)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 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**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Haidar, GEORGE</b> <b>455 N. UNIVERSITY DR.</b> <b>PLANTATION FL 33324</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Haidar George</b> <b>1103 NW 58th Terrace # 313</b> <b>Sunrise, FL 33313</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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)(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: **George Haidar**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **1/18/02** Daytime Phone #: **(954) 424-9462**

CR2E034 (9/01)