

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 252476

1. Entity Name

SUN BLEST CORPORATION OF FLORIDA

Principal Place of Business

5201 BLUE LAGOON DR #570  
MIAMI FL 33126

Mailing Address

5201 BLUE LAGOON DR #570  
MIAMI FL 33126-2075

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-0706418

Applied For

Not Applicable

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

BRADFORD JR, JAMES N C.P.A.  
2100 W. 76TH ST.  
SUITE 211  
HIALEAH FL 33016

Name

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

City

FL

Zip Code

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, 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	P/D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PANJABI, VENNA		NAME	
STREET ADDRESS	5201 BLUE LAGOON DR #570		STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33126		CITY-ST-ZIP	
TITLE	S/D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PANJABI, ANGELI		NAME	
STREET ADDRESS	5201 BLUE LAGOON DR #570		STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33126		CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASH, VALERIE C		NAME	
STREET ADDRESS	490 N.W. 54TH ST.		STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33127		CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRADFORD, JAMES N		NAME	
STREET ADDRESS	2100 W. 76TH ST. STE. 211		STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33016		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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(305) 592-9565

**FILED**  
**Apr 12, 2000 8:00 am**  
**Secretary of State**

04-12-2000 90154 035 \*\*\*158.75



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)