FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

06-11-2002 90392 010 ***150.00
FILED P98000073280
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 JUN 25 PM 4:01

DOCUMENT # P98000073280

1. Entity Name

~~ALEXIS APARTMENTS, INC.~~ Sunny Keys inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
500 South Pointe Dr.		5161 Collins Ave	
Suite, Apt. #, etc.		Suite, Apt. #, etc. # 1602	
City & State: Miami Beach, FL		City & State: Miami Beach, FL.	
Zip: 33139	Country: USA	Zip: 33140	Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-1148254 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: World Corporate Services, Inc.
Street Address (P.O. Box Number is Not Acceptable): 2665 South Bayshore Dr
Suite # 703
City: Miami FL Zip Code: 33133

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) ☐

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	PSVD	TITLE	PSVD
NAME	HUNTER Barbara	NAME	HUNTER Barbara
STREET ADDRESS	2665 S. Bayshore Dr Ste 703	STREET ADDRESS	5161 Collins Ave # 1602
CITY-ST-ZIP	Miami, FL. 33140	CITY-ST-ZIP	Miami, FL. 33140
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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: Barbara A Hunter 05/28/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

6/25/02