

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
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

4. FEI Number **59-0706418** ☐ Applied For ☐ Not Applicable

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

CR2E034 (9/99)