

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90063 046 ***158.75

DOCUMENT # **664288**

1. Entity Name

BUNKERS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1802 NW 37 Ave

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Miami FL

City & State

4. FEI Number

59 2007466

Applied For

Not Applicable

Zip

33125

Country

DADE

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Charles DeLuca

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

1802 NW 37 Ave

City

Miami

FL

Zip Code

33125

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSY Charles DeLuca
1802 NW 37 Ave.
Miami FL 33125**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD Charles DeLuca
1802 NW 37 Ave
Miami FL 33125**

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/02 305 443-7122

Daytime Phone #

CR2E034B (12/01)