

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 739581

1. Entity Name

SUN FLYING, INC.

Principal Place of Business

14901 NW 37TH PL
OPA LOCKA AIRPORT
OPA LOCKA FL 33054
US

Mailing Address

BOX 660132
MIAMI SPRINGS FL 33266-0132
US

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90058 031 ****61.25



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1088117

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ALBRITTON, JAMES E
215 SW 159 TERR.
SUNRISE FL 33326

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> Delete
NAME	RUFFNER, HOWARD	
STREET ADDRESS	14800 MARVIN LN	
CITY-ST-ZIP	FT. LAUDERDALE FL 33330	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MORAN, RAYMOND	
STREET ADDRESS	870 WREN AVE	
CITY-ST-ZIP	MIAMI SPRINGS FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BARN, PETER G	
STREET ADDRESS	990 IBIS AVE	
CITY-ST-ZIP	MIAMI SPRINGS FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	WILSON, BUTCH	
STREET ADDRESS	12980 N.W. 30TH AVENUE	
CITY-ST-ZIP	OPA LOCKA FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	UNDERWOOD, AL	
STREET ADDRESS	5995 NO BAYSHORE DR	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/00

Date

305 887-1444

Daytime Phone #

CR2E037 (9/99)