

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 24, 2001 8:00 am
Secretary of State

07-24-2001 90002 031 ****61.25

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 33166
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1088117**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

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

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
After September 12, 2001, min. will be \$236.25

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** ☒ Delete
 NAME **RUFFNER, HOWARD**
 STREET ADDRESS **14800 MARVIN LN**
 CITY-ST-ZIP **FT. LAUDERDALE FL 33330**

TITLE **VD** ☐ Delete
 NAME **MORAN, RAYMOND**
 STREET ADDRESS **870 WREN AVE**
 CITY-ST-ZIP **MIAMI SPRINGS FL**

TITLE **TD** ☐ Delete
 NAME **BANN, PETER G**
 STREET ADDRESS **990 IBIS AVE**
 CITY-ST-ZIP **MIAMI SPRINGS FL**

TITLE **PD** ☐ Delete
 NAME **WILSON, BUTCH**
 STREET ADDRESS **12980 N.W. 30TH AVENUE**
 CITY-ST-ZIP **OPA LOCKA FL**

TITLE **VD** ☐ Delete
 NAME **UNDERWOOD, AL**
 STREET ADDRESS **5995 NO BAYSHORE DR**
 CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **SD** ☐ Change ☒ Addition
 NAME **DE LASIERRA, RAUL**
 STREET ADDRESS **2635 W. 81 ST.**
 CITY-ST-ZIP **MIAMI, FL 33016**

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

TITLE ☐ Change ☐ Addition
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 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 an other like empowered.

SIGNATURE: *Peter G. Baan* **PETER G. BAAN, TREASURER 7/11/01 (305) 8679816**

CR2E037 (5/01)