

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 739581**

1. Entity Name

SUN FLYING, INC.**FILED**
Sep 09, 2002 8:00 am
Secretary of State

09-09-2002 90027 001 ****61.25

871750



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

14901 NW 37TH PL
OPA LOCKA AIRPORT
OPA LOCKA FL 33054
USBOX 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **SD** ☐ Delete
NAME **DE LA SIERRA, RAUL**
STREET ADDRESS **2635 W 81 STREET**
CITY-ST-ZIP **HIALEAH FL 33016**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **VD** ☐ Delete
NAME **MORAN, RAYMOND**
STREET ADDRESS **870 WREN AVE**
CITY-ST-ZIP **MIAMI SPRINGS FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **TD** ☐ Delete
NAME **BANN, PETER G**
STREET ADDRESS **990 IBIS AVE**
CITY-ST-ZIP **MIAMI SPRINGS FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **PD** ☐ Delete
NAME **WILSON, BUTCH**
STREET ADDRESS **12980 N.W. 30TH AVENUE**
CITY-ST-ZIP **OPA LOCKA FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **VD** ☐ Delete
NAME **UNDERWOOD, AL**
STREET ADDRESS **5995 NO BAYSHORE DR**
CITY-ST-ZIP **MIAMI FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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:

PETER G. BANN

09/06/02 (305)887-1444

CR2E037 (4/02)