

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2003 8:00 am
Secretary of State

3/3

03-03-2003 90497 047 ***150.00

DOCUMENT # 851157

1. Entity Name
SUNNYMAR LIMITED N.V., INC.



Principal Place of Business
**C/O CORPORATE AGENTS N.V.
PIETERMAAI 23
CURACAO, NETHERLANDS ANTILLES**

Mailing Address
**C/O GREENWALD, GLAUSER, & ROSS P.A.
18305 BISCAYNE BLVD., #302
MIAMI FL 33160**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **52-1627692**

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

~~MORGAN, CHARLES O JR.~~ ~~1300 N.W. 16TH STREET~~ ~~MIAMI FL 33169~~
ANDRE R. FOURNIER
1747 N.E. 124TH STREET
NORTH MIAMI, FL. 33181

Name **Andre R. Fournier**
Street Address (P.O. Box Number is Not Acceptable) **1747 N.E. 124th Street**
P.O. Box 610277
City **N. Miami** **33261 FL** Zip Code **33181**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PTM** ☐ Delete
NAME **KUPPELHUBER, H**
STREET ADDRESS **8995 COLLINS AVE., #703**
CITY-ST-ZIP **SURFSIDE FL 33154**

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

TITLE **D** ☐ Delete
NAME **CORPORATE AGENTS N.V.**
STREET ADDRESS **PIETERMAAI 23**
CITY-ST-ZIP **CURACAO, NETH. ANTILLES**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ 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 607, 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

Date

Daytime Phone #

PROTIDENT

CR2E034 (10/02)