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2002 UNIFORM BUSINESS REPORT (UBR) A06311 **DOCUMENT #** FII FD 1. Entity Name SUNMAR, LTD. 02 APR 26 AM 8: 43 Principal Place of Business Mailing Address SECRETARY OF STATE TALLAHASSEE, FLORIDA POST OFFICE BOX 1119 POST OFFICE BOX 1119 PALM BEACH FL 33480 PALM BEACH FL 33480 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. **DUE BY MAY 1, 2002** City & State City & State 4. FEI Number Applied For 59-1917007 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent **BRAMNICK, MARIO** Street Address (P.O. Box Number is Not Acceptable) 9050 PINES BLVD., #450 PEMBROKE PINES FL 33024 City 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. 9. Capital Contributions 11. MAKE CHECK PAYABLE TO DEPT. OF STATE 10. Amount of Capital Contributions \$13,000.00 as Shown on record. in FLORIDA to date. SEE REVERSE SIDE FOR FEE INFORMATION A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner. GENERAL PARTNER INFORMATION 12. ADDRESS CHANGES ONLY CR2E003 (9/01) 565969 DOCUMENT # STREET ADDRESS MARZE CORPORATION P.O. BOX 1119 STREET ADDRESS CITY-ST-ZIP PALM BEACH FL 33480 CITY-ST-ZIP 500005450635-- -05/03/02--01078--003 DOCUMENT # STREET ADDRESS ****179.75 ****179.75 STREET ADDRESS CITY-ST-ZIP C!TY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP DOG'JMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter \$20, Florida Statutes

ED NAME OF SIGNING GENERAL PARTNER

Date

Date