

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91905 037 ***150.00

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DOCUMENT # F00000003940

1. Entity Name
SUNGLOBE FIBER SYSTEMS CORPORATION



Principal Place of Business
**1550 SAWGRASS CORPORATE PKWY., SUITE 370
SUNRISE FL 33323**

Mailing Address
**1550 SAWGRASS CORPORATE PKWY., SUITE 370
SUNRISE FL 33323**



2. Principal Place of Business
**9715 W. Broward Blvd #219
Plantation, Fla. 33324 USA**

3. Mailing Address
**9715 W. Broward Blvd #219
Plantation, Fla. 33324 USA**

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **88-0182534** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**PASTERNAK, BARRY H
1550 SAWGRASS CORPORATE PKWY., SUITE 370
SUNRISE FL 33323**

7. Name and Address of New Registered Agent
Name: _____
Street Address (P.O. Box Number is Not Acceptable) **9715 W. Broward Blvd #219**
City **Plantation** FL **33324**

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 _____ (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 NAME STREET ADDRESS CITY-ST-ZIP	PC PASTERNAK, BARRY H 1550 SAWGRASS CORPORATE PKWY., SUITE 370 SUNRISE FL 33323 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9715 W. Broward Blvd #219 Plantation, Fla. 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PASTERNAK, CAROL 1550 SAWGRASS CORPORATE PKWY., SUITE 370 SUNRISE FL 33323 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9715 W. Broward Blvd. #219. Plantation, Fla. 33324
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]** **4/30/03** **834-535-0065**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)