

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 27, 2001 08:00 AM**
Secretary of State**DOCUMENT # F00000006377**1. Entity Name
SUN MORTGAGE ADVISORS, INC.**Principal Place of Business**C/O SUN CAPITAL PRODUCTS
5355 TOWN CENTER ROAD, SUITE 802
BOCA RATON FL 33486**Mailing Address**C/O SUN CAPITAL PRODUCTS
5355 TOWN CENTER ROAD, SUITE 802
BOCA RATON FL 33486**2. Principal Place of Business**

C/O SUN CAPITAL PARTNERS

3. Mailing Address

C/O SUN CAPITAL PARTNERS

Suite, Apt. #, etc.

5355 TOWN CENTER ROAD, SUITE 802

Suite, Apt. #, etc.

5355 TOWN CENTER ROAD, SUITE 802

City & State

BOCA RATON FL

City & State

BOCA RATON FL

Zip

33486

Country**Zip**

33486

Country**4. FEI Number****52-2201670****Applied For****Not Applicable****5. Certificate of Status Desired****\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentC T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROADPLANTATION
33324 US

FL

7. Name and Address of New Registered Agent**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)

04/27/2001

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00****After MAY 1, 2001 Fee will be \$550.00****Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****11. OFFICERS AND DIRECTORS**

TITLE	PTD	<input type="checkbox"/> Delete
NAME	LEDER MARC	
STREET ADDRESS	5355 TOWN CENTER ROAD, SUITE 802	
CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	KROUSE RODGER	
STREET ADDRESS	5355 TOWN CENTER ROAD, SUITE 802	
CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARC LEDER

PTD

04/27/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)