

# 2002 UNIFORM BUSINESS REPORT (UBR)

page 1 of 2

DOCUMENT # F01000005671

1. Entity Name  
SUNRIVER CONSULTANTS LIMITED CORP.

FILED

02 JUN 19 PM 4:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
20009

Principal Place of Business

1390 BRICKELL AVENUE, STE 200  
MIAMI FL 33131

Mailing Address

1390 BRICKELL AVENUE, STE 200  
MIAMI FL 33131

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

98-0362344

Applied For

Not Applicable

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

SOFIA POWELL-COSIO PA

1390 BRICKELL AVE., STE 200

MIAMI FL 33131

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. This 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)

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                                                   |                                                                      |                                 |                                                   |  |                                                                   |
|---------------------------------------------------|----------------------------------------------------------------------|---------------------------------|---------------------------------------------------|--|-------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | PS<br>LEITE, PAULO<br>RUA IMPANEMA<br>991504 RIO DE JANEIRO, BRAZI   | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | D<br>LEITE JR, PAULO<br>RUA IMPANEMA<br>991504 RIO DE JANEIRO, BRAZI | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | D<br>LEITE, LIA<br>RUA IMPANEMA<br>991504 RIO DE JANEIRO, BRAZI      | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP |                                                                      | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP |                                                                      | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP |                                                                      | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

18 J

CR2E034 (9/01)

02/06/2005 AV

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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LAW OFFICE OF  
**SOFIA POWELL-COSIO, P.A.**  
1390 BRICKELL AVENUE  
SUITE 200  
MIAMI, FLORIDA 33131

TELEPHONE (305) 579-9988  
FACSIMILE (305) 579-9989

**VIA FEDERAL EXPRESS**  
**AWB 8328 9821 7558**

June 18, 2002

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Attn: Annual Reports Section

Subject: Sunriver Consultants Ltd. Corp.  
Reference Number F01000005671

To Whom It May Concern:

Attached please find a copy of the cancelled Northern Trust Bank check number 1235 in the amount of \$300.00 in payment of the annual report fees for both Sunriver Consultants Limited Corporation and also Pebblestone Worldwide Limited Corporation. The back of the check clearly reflects that it was fully cashed.

Your previous letter, dated May 29, 2002, also enclosed, stated that the Sunriver Consultant Limited Corporation had failed to pay the \$150.00 fee for annual report filing. It appears that the abovementioned check was mistakenly applied solely to Pebblestone Worldwide Ltd.

Please ensure that the \$150.00 payment is correctly applied to Sunriver Consultant Limited Corporation and send us confirmation of the same.

If you have any further questions or comments regarding the attached, please do not hesitate to contact our office. We look forward to hearing from you shortly.

Very truly yours,

*Sofia Powell-Cosio*  
Sofia Powell-Cosio