

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90096 040 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F01000006307

1. Entity Name

Sunnyside Investments, N.V.
d/b/a Sunnyside Investments of Orlando, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

c/o JGW, 300 S. Orange Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 1000

City & State

City & State
Orlando, FL 32801

4. FEI Number

Applied For

☒ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Corporation Company of Miami

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

201 S. Biscayne Blvd., Suite 1500

City
Miami

FL

Zip Code
33131

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

Luisa Lina Tommasi - ASSISTANT SECRETARY 4/30/02
(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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
D
ING (Antilles) Trust, N.V.
STREET ADDRESS
Kaya W.F.G. (Jombi) Mensing 14
CITY-ST-ZIP
P.O. Box 3895, Curacao

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
Netherlands Antilles
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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Mohamed Baroom
STREET ADDRESS
Jeddah, Saudi Arabia 4030094320
CITY-ST-ZIP

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IN THIS SPACE**

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 609, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

ING (ANTILLES) TRUST, N.V., Director

SIGNATURE:

By:

E.J. Nectar

E.M. BAASSEN

031-45999-432-7400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

23 APR. 2002

CR2E034B (12/01)