

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G77305

Company Name

SUNMARK ENTERPRISES, INC.



FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90031 023 ***150.00

CR2E034 (9/99)

A0055178



NOT A POSTAL ADDRESS

1. Place of Business 12900 NE 11TH AVE MIAMI FL 33161	2. Mailing Address 12900 NE 11TH AVE. N. MIAMI FL 33161-4225 US
---	--

3. Mailing Address	4. State Apt # etc. 59-2473675
--------------------	-----------------------------------

5. City & State	6. Country	7. Zip	8. Country
-----------------	------------	--------	------------

6. Name and Address of Current Registered Agent

MARK WILLIAMS
12900 NE 11TH AVE.
MIAMI FL 33161

7. Name and Address of New Registered Agent

Name: _____
Street Address (Please Print): _____
City: _____ FL Zip: _____

9. I hereby certify that the above information is true and correct and that the person named as registered agent is a resident of the State of Florida.

10. I am unable to satisfy my financial obligations and elect to do so.

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

11. I am unable to satisfy my financial obligations and elect to do so. **\$5.00 May Be Added to Fees**

OFFICERS AND DIRECTORS		ADDITIONAL OFFICERS TO BE LISTED AS DIRECTORS IN 11	
<input type="checkbox"/> Add PD WILLIAMS, MARK 12900 NE 11TH AVE. N. MIAMI FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Delete STD JONES, JANICE L 931 VILLAGE BLVD #907 W PALM BCH FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I certify that the information supplied with this filing does not qualify for the exemption provided in Section 130.01, Florida Statutes. I further certify that the information in this report or supplemental report is true and accurate and that my signature is that of the person named as registered agent or that I am an officer or director of the corporation, trustee empowered to execute this report as required by the statute, and that the person named in Block 11 or Block 12 is an attachment with my address, with all other filers, and

SIGNATURE: Mark Williams 4/16/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR