

06-02-2002 90906 016 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **G 77305**

1. Entity Name
SUNMARK ENTERPRISES INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
12900 NE 11th Ave
 Suite, Apt. #, etc.

3. Mailing Address
12900 NE 11th Ave
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
NORTH MIAMI FL

City & State
NORTH MIAMI FL

4. FEI Number
59-2473675

Applied For
 Not Applicable

Zip Country
33161 DADE

Zip Country
33161 DADE

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
MARK WILLIAMS
 Street Address (P.O. Box Number is Not Applicable)
12900 NE 11th Ave

City **NORTH MIAMI** FL Zip Code **33161**

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 re-statuting)

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 \$450.00
 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	PD
NAME	MARK WILLIAMS
STREET ADDRESS	12900 NE 11th Ave
CITY-ST-ZIP	N. Miami, FL 33161
TITLE	STD
NAME	JANICE L. JONES
STREET ADDRESS	931 Village Blvd # 907
CITY-ST-ZIP	W. PALM BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE 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(2)(b), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Mark Williams*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/02

CR2E24B (12/01)