

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **H04909**

1. Entity Name  
**SUNLIGHT TRADING, INC.**

Principal Place of Business

**7249 N.W. 38TH CT.  
MIAMI FL 33147**

Mailing Address

**7249 N.W. 38TH CT.  
MIAMI FL 33147**

2. Principal Place of Business

**7621 N.W. 37TH Ave**

Suite, Apt. #, etc.

**MIAMI, FL**

City & State

Zip

**33147**

Country

**USA**

3. Mailing Address

**Same**

Suite, Apt. #, etc.

City & State

Zip

**33147**

Country

**USA**

4. FEI Number **59-2412479**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**WOLFE, MELVIN  
7249 NW 38TH CT.  
MIAMI FL 33147**

7. Name and Address of New Registered Agent

Name

**KATTAN, ABRAHAM**

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

**7621 N.W. 37TH Ave.**

**MIAMI,**

City

**FL**

**33147**

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 reappointing)

DATE

**5/17/02**

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

TITLE **P** ☐ Delete  
NAME **KATTAN, ABRAHAM**  
STREET ADDRESS **20225 W. OAK HAVEN CIRCLE**  
CITY-ST-ZIP **MIAMI FL**

TITLE **VP** ☐ Delete  
NAME **KATTAN, RAHAMIN**  
STREET ADDRESS **4039 LANSING AVENUE**  
CITY-ST-ZIP **COOPER CITY FL**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS **7621 N.W. 37TH Ave.**  
CITY-ST-ZIP **MIAMI, FL. 33147**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS **7621 N.W. 37TH Ave.**  
CITY-ST-ZIP **MIAMI, FL. 33147**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 another like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-19-02**

**305-696-2800**

Date

Daytime Phone #

CR2034 (9/01)

**FILED**  
**May 29, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90112 038 \*\*\*150.00