## **2001 UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # K36684 1. Entity Name

FILED
May 10, 2001 8:00 am
Secretary of State

Suite, Aut. et al.  Suite,	GNECN	SUN ENTERPRISES, INC.					05-10-2001	90222 035	***150	).00
Suite. Apil. 4, etc.	8155 NW 66 S	т.	253 Sham Jella	1/28 Des	1 / <b>4 h</b> (h() <b>1 h</b>				RA RIBIL (RBI	
A. FEI Number 65-0085005   Applied for Not App	2. Principal F	Place of Business	3. Mailing Address	1 4 7						
Zip Country Zip Country 5, Certificate of Status Desired 58.75 Additional Fee Required  Street Address of Current Registered Agent 7. Name and Address of New Registered Agent 9. Name 1. Name	Suite, Apt.	#, etc.	Suite, Apt. #, etc.	V 3311	Variation .		DO NOT WRIT	E IN THIS SP	ACE	
Signature growing and decists of one of the purpose of changing its registered agent.  Signature growing registered agent. This above named entity submits this statement for the purpose of changing its registered office or registored agent, or both, in the State of Florida.  Signature growing registered agent, or both, in the State of Florida.  Signature growing registered office or registored agent, or both, in the State of Florida.  Signature growing registered office or registored agent, or both, in the State of Florida.  Signature growing registered office or registored agent, or both, in the State of Florida.  Signature growing registered office or registored agent, or both, in the State of Florida.  Signature growing registered office or registored agent, or both, in the State of Florida.  Signature growing registered office or registored agent, or both, in the State of Florida.  Signature growing registered office or registored agent, or both, in the State of Florida.  Signature growing registered agent agent and select to do so.  After MAY 1, 2001 Fee will be \$550.00  After MAY 1, 2001	City & Stat	e	City & State	<u> </u>	4.	FEI Number	65-0085005	j ,		<del></del>
OLVA, RUBEN, ESO. 2250 SOUTHWEST 3RD AVENUE, THIRD FLOOR MIAMI FL 33129  CRIV FL Zip Code  SIGNATURE  Signature, special density as Internation of the purpose of changing its registered office or registered agent, or both, in the State of Florida.  SIGNATURE  Signature for control name of inputered agent and bit it applicable.  PLE NOW!!! FEE IS \$150.00  Make Check Payable to Department of State  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  THE OLVA, ROLAND  OLVA, ROLAND  OLVA, ROLAND  OLVA, ROUBL  SIREE ADDRESS  OUT ST-2P  MIAMI FL  OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  THE OLVA, ROLAND  OLVA, ROUBL  SIREE ADDRESS  OUT ST-2P  MIAMI FL  OPEND  THE SIREE ADDRESS  OUT ST-2P  MAMI FL  OPEND  THE SIREE ADDRESS  OUT ST-2P  THE MAME  SIREE ADDRESS  OUT ST-2P	Zip	Country	Zip	Country	5.	Certificate of	Status Desired		8.75 Add	lditional
OLIVA, RUBEN, ESO. 2250 SOUTHWEST 3RD AVENUE, THIRD FLOOR MIAMI, FL 33129    City   FL   Zip Code		_ 6. Name and Address of Current	Registered Agent		7.	Name and A	dress of New R	egistered Ag	ent	
2250 SQUTHWEST 3RD AVENUE, THIRD FLOOR    City   FL   Zip Code		·	<del></del>	Nam	e	77	•			
8. The above named cnitry submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  SIGNATURE    Signature, toped or primed name of registered agent and rate of registered agent and retrivating)   DATE	2250	SOUTHWEST 3RD AVENUE, THI	RD FLOOR	Stree	et Address (P.O.	Box Number i	s Not Acceptable	)		
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	MIAN	MI FL 33129								
SIGNATURE    Signamm, typed or critical name of inopationid agers and site it applicable.   NOTE Registered Apont signature required when reinstation)   DATE				City			<del></del>	FL	Zip Cod	de
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.   Steer MAY 1, 2001 Fee will be \$550.00   Make Check Payable to Department of State   STEER MAY 1, 2001 Fee will be \$550.00   Make Check Payable to Department of State   STEER MAY 1, 2001 Fee will be \$550.00   Make Check Payable to Department of State   STEER MAY 1, 2001 Fee will be \$550.00   Make Check Payable to Department of State   STEER MAY 1, 2001 Fee will be \$550.00   Make Check Payable to Department of State   STEER MAY 1, 2001 Fee will be \$550.00   Make Check Payable to Department of State   STEER MAY 1, 2001 Fee will be \$550.00   Make Check Payable to Department of State   STEER MAY 1, 2001 Fee will be \$550.00   Make Check Payable to Department of State   STEER MAY 1, 2001 Fee will be \$550.00   Make Check Payable to Department of State   STEER MAY 1, 2001 Fee will be \$550.00   Make Check Payable to Department of State   STEER MAY 1, 2001 Fee will be \$550.00   Make Check Payable to Department of State   STEER MAY 1, 2001 Fee will be \$550.00   Make Check Payable to Department of State   STEER MAY 1, 2001 Fee will be \$550.00   STEER MAY 1, 2	8. The above	named entity submits this statement for	or the purpose of changing if	ts registered offic	e or registered a	gent, or both,	in the State of Flo	rida.		
Tax filing requirement and elects to do so. (See criteria on back)   After MAY 1, 2001 Fee will be \$550.00   Make Check Payable to Department of State   Trust Fund Contribution.   Added to Fees Added to Fees Added to Fees Added to Fees   Trust Fund Contribution.   Added to Fees   Added to Fees   Trust Fund Contribution.   Added to Fees   Added to Fees   Trust Fund Contribution.   Added to Fees   Added to Fees   Trust Fund Contribution.   Added to Fees   Added to Fees   Trust Fund Contribution.   Added to Fees   Added to Fees   Trust Fund Contribution.   Added to Fees   Added to Fees   Trust Fund Contribution.   Added to Fees   Added to Fees   Trust Fund Contribution.   Added to Fees   Added to Fees   Trust Fund Contribution.   Added to Fees   Added to Fees   Trust Fund Contribution.   Added to Fees   Added to Fees   Trust Fund Contribution.   Added to Fees   Added to Fees   Trust Fund Contribution.   Added to Fees   Addition Fund Fund Fund Fund Fund Fund Fund Fun	SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NC	TE: Registered Agent si	gnature required when	reinstating)	<u></u>	DATE		
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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	CITY-ST-ZIP			CITY-ST-ZIP	_L_					
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	indicated	on this report or supplemental report is	s true and accurate and that	my signature sha	Il have the same	legal effect a	s if made under o	ath; that I am	an officer	r or director

SIGNATURE:

af 18/2001