

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K41116

1. Entity Name

SUN-SATIONAL PROMOTIONS, INC.

**FILED**  
**Jan 18, 2000 8:00 am**  
**Secretary of State**

01-18-2000 90129 035 \*\*\*150.00

Principal Place of Business

7045 NW 4 ST  
PLANTATION FL 33317

Mailing Address

499 NW 70TH AVE  
SUITE 116  
PLANTATION FL 33317-7578  
US

001410



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2715 N. Ocean Blvd

Suite, Apt. #, etc.

#16E

3. Mailing Address

2715 N. Ocean Blvd

Suite, Apt. #, etc.

#16E

City & State

FT. Lauderdale FL

City & State

FT. Lauderdale FL

4. FEI Number

65-0078669

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FEIDEL, AL  
499 NW 70TH AVE  
#116  
PLANTATION FL 33317

7. Name and Address of New Registered Agent

Name

2715 N. Ocean Blvd

#16E

City

FT. Lauderdale

FL

Zip Code

33308

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 reinstating)

DATE

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, 2000 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 DP  
NAME FIEDEL, AL  
STREET ADDRESS 2715 N. OCEAN BLVD. 16E  
CITY-ST-ZIP FT. LAUDERDALE FL

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
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CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ Addition

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 all other like empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)