**FILED** 

## **2002 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # K55976  1. Entity Name SUN FINANCIAL INVESTMENT CORP.						Apr 24, 2002 8:00 am Secretary of State 04-24-2002 90351 001 ***150.00			
Principal Plac 4770 BISCAYI SUITE 900 MIAMI FL 331 US	NE BLVD.	Mailing Address 4770 BISCAYNE BLVD SUITE 900 MIAM! FL 33137 US							
	Place of Business 1 146 STREET #, etc.	3. Mailing Address 7751 NW 146 Suite, Apt. #, etc.	STRE	ET		DO NOT WRITE IN		DIEN 81811 1881	
City & Stat MIAMI L	e AKES, FL	City & State MIAMI LAKES, FL			<b>4.</b> F	4. FEI Number 65-0090184 Applied For Not Applicable			
Zip 33016	Country US	Zip 33016	Coun US	try			\$8.75 Ad Fee Require		
Suite 900 Miami Fl	CAYNE BLVD D 33137			City MIAMI	ME (P.O. E 51 N		FL Zip Coc 3301	ie 6	
SIGNATURE .  9. This corporate filing r	named entity submits this statement for  Signature, typed or printed name of registered agent ar  pration is eligible to satisfy its Intangible requirement and elects to do so.  ria on back)		Registerer	d Agent signature require	ed when re		DATE	00 May Be d to Fees	
11.	OFFICERS AND D		12.	<u> </u>	AD	L DITIONS/CHANGES TO OFFICEF		RS IN 11	_
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVT ADLER, MARTHA 9159 SW 77TH AVENUE MIAMI FL	☐ Delete	9	1	775	: ER, MARTHA 51 NW 146 STREET MI_LAKES, FL 330	□ Change	☐ Addition	R2E034 (9/01)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HABER, RHODA S 4700 BISCAYNE BLVD., #900 MIAMI FL	□ Delete			S	SER, RHODA S 1 NW 146 STREET MI LAKES, FL 330	- 🔼 Change	☐ Addition	8
NAME STREET ADDRESS CITY-ST-ZIP		Delete			gre	TEACHD \$ 12	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete					☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete		l l			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	4				☐ 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 eport 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 attachtent with an address, with all other like empowered.  SIGNATURE:  SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date  Da									