## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # L16689

1. Entity Name

SIGNATURE:

SUN-GLO CORPORATION



FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90799 005 \*\*\*150.00

P.O. 505 57875    MAIN FL 2025-7851   MAIN FL	Principal Plac	e of Business IEAST 6TH AVENUE	Mailing Address	8TH AVENUE	-	
Surfe, Apt. 4, etc.   Surfe, Apt. 4, ctc.   CHECK HERE IF MAKING CHANGES  City & State   Country   Zip   Country   S. Cartificate of Status Desired   \$8,75 Additional Fee Propulation  6. Name and Address of Current Registered Agent   Name   Name   Solidon, SAMUEL 3 D   Streat Address (PO Box Number is Net Acceptable)   Streat Address of New Registered Agent   Fee Propulation   Fee Propul				51		
City & State  Country  Country  Solutions	2. Principal Place of Business 3. Maili		3. Mailing Address			#1011
Zip Country Zip Country S. Certificate of Status Desired   \$8.75 Additional Page Required Agent   \$1.000 Name and Address of Current Registered Agent   \$1.000 Name and Address of New Registered Agent   \$1.000 North-East 8TH AVENUE   \$1.000 North-Ea	Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES	
S. Name and Address of Current Registered Agent  8. Name and Address of New Registered Agent  Name  Name  Name  Street Address (PO Box Number is Not Acceptable)  Street Address (PO Box Number is N	City & State		City & State	· -	4. FEI Number 65-0145569	<del></del>
SICUMON, SAMUEL 3 D 11808 NORTHEAST 8TH AVENUE MIAM! FL 33161  City FL Zip Code  Cit	Zip	Country	Zip	Country	5. Certificate of Status Desired	
SOLOMON, SAMUEL 3 D 11808 NORTHEAST 8TH AVENUE MIAMI FL 33161    City   FL   Zic Code		6. Name and Address of Cur	rent Registered Agent	Nama	7. Name and Address of New Registered	Agent
1806 NORTHEAST 8TH AVENUE MIAMI FL. 33161  City FL Zip Code  City	SOLOMO	N. SAMUEL 3 D				
City FL Zip Code  8. The above named antity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accept mode of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept mode of the purpose of registered agent and see it applicable.    FILE NOW!! FEE IS S150.00	-			Street Address	(P.O. Box Number is Not Acceptable)	
The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Spratura, ispace or printed remote of registered agent and tells it applicable.  AND Its Registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE	MIAMI FL	33161				
THE NOW!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  DPS SULOMON, SAMUEL 1306 NORTHEAST 8TH AVENUE MAME STREET ADDRESS CITY-ST-2P  TITLE MAME STREET				City	FL	Zip Code
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Atter May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10.			1	(NOTE: Neglisional rights signatura requir		
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