2002 UNIFORM BUSINESS REPORT (UBR)

Sep 04, 2002 8:00 am Secretary of State DOCUMENT # L80494 1. Entity Name 09-04-2002 90091 028 ***550.00 SUNRAE MANAGEMENT SERVICES, INC. Principal Place of Business Mailing Address 7071 W. COMMERCIAL BLVD 7071 W. COMMERCIAL BLVD TAMARAC FL 33319 TAMARAC FL 33319 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0200398 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KAREN H. BUSCH Street Address (P.O. Box Number is Not Acceptable) 7071 W. COMMERCIAL BLVD #2B TAMARAC FL 33322 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition Change BUSCH, SCOTT NAME NAME 1208 NW 107 TERR STREET ADDRESS STREET ADDRESS PLANTATION FL 33522 CITY-ST-ZIP CITY-ST-7IP VST Delete TITLE ☐ Change ☐ Addition BUSCH, KAREN NAME 1208 NW 107 TERR STREET ADDRESS STREET ADDRESS PLANTATION FL 33322 CITY-ST-ZIP CITY-ST-ZIP TD TITLE Delete TITLE ☐ Change Addition BUSCH, KAREN NAME NAME 1208 NW 107 TERR STREET ADDRESS STREET ADDRESS CITY-ST-7IP PLANTATION FL 33322 CITY-ST-ZIP TITLE Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP ☐ Delete TITI F ☐ Change ☐ Addition NAME NAME

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 in stee 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 wit

STREET ADDRESS

CITY-ST-7/P

STREET ADDRESS

CITY-ST-ZIP

FILED