

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000000715

1. Entity Name
SUNFIELD INTERNATIONAL LC

APPROVED
AND
FILED

01 JUL 11 AM 11:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
% AMERICAN INCORPORATORS LTD. % AMERICAN INCORPORATORS LTD.
1220 NORTH MARKET STREET, SUITE 606 1220 NORTH MARKET STREET, SUITE 606
WILMINGTON DE 19801 WILMINGTON DE 19801-2598

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

REINSTATEMENT

4. FEI Number Applied For
Not Applicable
5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATE CREATIONS ENTERPRISES INC.
4521 PGA BOULEVARD #211
PALM BEACH GARDENS FL 33418

7. Name and Address of New Registered Agent

Name Florida Filing & Search Services, Inc.
Street Address (P.O. Box Number is Not Acceptable)
1333 N. Duval St.
City Tallahassee FL Zip Code 32303

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 reorganizing)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM WORLD FUND, INC. #302, E. BLDG #34/20, CUBA AVE. & 34 ST. PANAMA CITY 5, PANAMA	☐ Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM EURO-AMEX EXCHANGE, INC. #302, E. BLDG #34/20, CUBA AVE. & 34 ST. PANAMA CITY 5, PANAMA	☐ Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MEMBER OR MANAGER

Date

Daytime Phone #

04.25.2000

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CR2E083 (9/99)