

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000005320

1. Entity Name

Sunny Cash, LLC

FILED

01 JUN 13 AM 10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 601 Brickell Key Drive Suite 802 Miami, Florida 33131	Mailing Address 601 Brickell Key Drive Suite 802 Miami, Florida 33131
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2. Principal Place of Business 455 S.W. 8th Street Suite, Apt. #, etc.	3. Mailing Address 455 S.W. 8th Street Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State Miami, Florida	City & State Miami, Florida	4. FEI Number 65-0944284	Applied For Not Applicable
Zip 33130	Country Dade	Zip 33130	Country Dade
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent Alvaro Castillo B., P.A. 1390 Brickell Avenue Suite 200 Miami, Florida 33131	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 *Genaro Diaz* DATE 6-12-01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW WITH FEES \$35.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Genaro Diaz 455 S.W. 8th Street Miami, Florida 33130 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Amada Gonzalez Carvajal 455 S.W. 8th Street Miami, Florida 33130 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Genaro Diaz* DATE 6-12-01 (305) 371-5540
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Member Date Daytime Phone #

CR2E083 (11/00)