2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 AM
Secretary of State

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Entity Name: SUNKIST ESTATES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

7730 SW 68 TR
MIAMI, FL 33143 US

New Principal Place of Business:

Current Mailing Address:

7730 SW 68 TR
MIAMI, FL 33143 US

New Mailing Address:

FEI Number: 65-0427975 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BALLESTAS, ACHILLES
7730 SW 68 TR
MIAMI, FL 33143 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: BALLESTAS, ACHILLES
Address: 7730 SE 68 TR
City-St-Zip: MIAMI, FL

Title: D ( ) Delete
Name: ASHKAR, TERRY
Address: 6500 SW 79 CT
City-St-Zip: MIAMI, FL 33143

Title: D ( ) Delete
Name: MARTIN, SID
Address: 6520 SW 79 CT
City-St-Zip: MIAMI, FL 33143

Title: D ( ) Delete
Name: NAVARRO, JOSE A
Address: 7731 SW 68 TERR
City-St-Zip: MIAMI, FL 33143

Title: D ( ) Delete
Name: TURCI, FRANCO
Address: 6070 SW 79 CT
City-St-Zip: MIAMI, FL 33143

Title: D ( ) Delete
Name: JORGE, BENITA
Address: 2212 SW 22ND AVE
City-St-Zip: MIAMI, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ACHILLES BALLESTAS D 05/01/2002

Electronic Signature of Signing Officer or Director — Date