

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2003 8:00 am
Secretary of State

004155

05-02-2003 90101 047 ****61.25

DOCUMENT # N96000003344



1. Entity Name
SUNLAND UNLIMITED INC.

Principal Place of Business
**271 ORANGE GROVE RD
PALM BEACH FL 33480**

Mailing Address
**271 ORANGE GROVE RD
PALM BEACH FL 33480**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

4. FEI Number **65-0674551**
Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	NAME	TITLE	NAME
PD	DEBAKEY, MICHELLE L	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
% 271 ORANGE GROVE RD			
PALM BEACH FL 33480			
SD	HERNANDEZ, ORLANDO	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
% 271 ORANGE GROVE RD			
PALM BEACH FL 33480			
TVPD	WING, KATHY	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
% 271 ORANGE GROVE RD			
PALM BEACH FL 33480			
<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition

12. 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 report 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 trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4/19/03** Daytime Phone #: **617-320-7194**

CR2E037 (10/02)