

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90158 031 ***150.00

DOCUMENT # PO0000023304

1. Entity Name

Sunny Valley Corporation

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

781 Crandon Blvd.

Suite, Apt. #, etc.

Suite 606

City & State

Key Biscayne, FL

Zip

33149

Country

USA

3. Mailing Address

781 Crandon Blvd.

Suite, Apt. #, etc.

Suite 606

City & State

Key Biscayne, FL

Zip

33149

Country

USA

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4. FEI Number

65-0992157

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name Joseph B. Ryan III

Street Address (P.O. Box Number is Not Acceptable)

133 Sevilla Avenue

City Coral Gables

FL

Zip Code

33134

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

DATE

9. This corporation is eligible to satisfy its intangible

Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing

Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE D
NAME Cecilia Gallo de Arana
STREET ADDRESS 781 Crandon Blvd., Suite 606
CITY-ST-ZIP Key Biscayne, FL 33149

TITLE D
NAME Leonel Arana
STREET ADDRESS 781 Crandon Blvd., Suite 606
CITY-ST-ZIP Key Biscayne, FL 33149

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13. 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 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Cecilia G. Arana

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/02 (SOS) 361-6341

Date

Daytime Phone #

Cecilia G. Arana, Director

CR2E034B (12/01)