

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90166 017 ***150.00

DOCUMENT # P00000032570

1. Entity Name
SUNRAF, INC.

Principal Place of Business 1390 BRICKELL AVENUE SUITE 200 MIAMI FL 33131	Mailing Address 1390 BRICKELL AVENUE SUITE 200 MIAMI FL 33131
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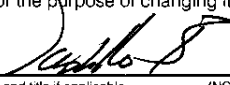


DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0423376		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent							
CASTILLO, ALVARO B ESQ. CASTILLO & ASSOCIATES 1390 BRICKELL AVENUE SUITE 200 MIAMI FL 33131				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.

SIGNATURE  DATE **1-16-02**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME D CASTILLO, ALVARO	<input type="checkbox"/> Delete	TITLE NAME S Alvaro Castillo	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1390 BRICKELL AVENUE SUITE 200		STREET ADDRESS 1390 Brickell Avenue, Suite 200	
CITY-ST-ZIP MIAMI FL 33131		CITY-ST-ZIP Miami, Florida 33131	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME D/P Padma Daryanani	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS 1390 Brickell Avenue, Suite 200	
CITY-ST-ZIP		CITY-ST-ZIP Miami, Florida 33131	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME D/VP Rafael Daryanani	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS 1390 Brickell Avenue, Suite 200	
CITY-ST-ZIP		CITY-ST-ZIP Miami, Florida 33131	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME D/VP Sunil Daryanani	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS 1390 Brickell Avenue, Suite 200	
CITY-ST-ZIP		CITY-ST-ZIP Miami, Florida 33131	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE Alvaro Castillo, Secretary** DATE: **1-16-02** DAYTIME PHONE: **(305) 371-8540**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)