

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 02, 2001 8:00 am**  
**Secretary of State**

07-02-2001 90003 034 \*\*\*158.75

DOCUMENT # *P0000050198*  
 1. Entity Name  
*SUNNY PRODUCTS CORP.*



Principal Place of Business Mailing Address

**C0072317**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
*16608 NW 72 COURT*  
 Suite, Apt. #, etc.

3. Mailing Address  
*16608 NW 72 COURT*  
 Suite, Apt. #, etc.

City & State  
*MIAMI, FL*

City & State  
*MIAMI, FL*

Zip  
*33014*

Country

4. FEI Number *65-1056006* Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional  
 Fes Required

6. Name and Address of Current Registered Agent

*NURY LOZADA*  
*16608 NW 72 COURT*  
*MIAMI, FL 33014*

7. Name and Address of New Registered Agent

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 \_\_\_\_\_  
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)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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 NAME STREET ADDRESS CITY-ST-ZIP	<i>PRESIDENT</i> <i>NURY LOZADA</i> <i>16608 NW 72 COURT</i> <i>MIAMI, FL 33014</i>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/25/01* (305) 827-1177  
 Date Daytime Phone 4

CRZE034 (11/00)

Attachment Doc# P0000050198

June 15, 2001

C007d317

Department of State  
Division of Corporations

RE: Annual Report for #P0000050198  
SUNNY PRODUCTS CORP.

Dear Sir or Madam:

Please find attached copy of the check and the annual report that I sent to you on April 25, 2001 but apparently it got lost in the mail, because this check never cleared and my annual report was never filed.

Attached I am sending you a replacement check in the same amount.

Let me thank you in advance for the attention given to this matter and accept my apologies for the delay.

Sincerely,



-NURY LOZADA-  
President

Attachment DOC # P0000050198

C0072317

Look for blue background on the front of this check, and the ImageSafe® logo on back. If not present, do not cash.

1040

**SUNNY PRODUCTS CORP** 11-00  
 305-828-0088  
 18608 N.W. 72ND CT.  
 MIAMI, FL 33014

DATE 4-25-01 \$ 15875 DOLLARS

PAY TO THE ORDER OF DEPARTMENT OF STATE

ONE HUNDRED FIFTY EIGHT & 75/100

**Bank of America**  
 ACH RT 063000047

FOR P0000050198

⑈001040⑈ ⑆063000047⑆ 003447114530⑈

68-4630 FL 327

Security Features  
 Check the back

MP