

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2003 8:00 am**  
**Secretary of State**

04-07-2003 90974 001 \*\*\*150.00

**DOCUMENT # P00000055030**

1. Entity Name  
**SUN MAILING CORPORATION**



Principal Place of Business  
**2123 W 76 STREET  
HIALEAH FL 33016**

Mailing Address  
**7360 N.W. 20TH ST., #123  
HIALEAH FL 33016**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

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

Name

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

City

**FL**

Zip Code

**REDERO, JOSE R  
12957 N.W. 9TH STREET  
MIAMI FL 33182**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete  
NAME **REDERO, JOSE R**  
STREET ADDRESS **12957 N.W. 9TH STREET**  
CITY-ST-ZIP **MIAMI FL 33182**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **SD** ☐ Delete  
NAME **REDERO, MARIA L**  
STREET ADDRESS **12957 N.W. 9TH STREET**  
CITY-ST-ZIP **MIAMI FL 33182**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

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 607, 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04/03/02 305 828-4299**  
Day Daytime Phone #

CR2E034 (10/02)

3/01 FRI 21:04 FAX 678 530 6156

TELETYPE

Attachment

## Internal Revenue Service

58030706  
#P00000055030

Accounts Management Division I  
Branch II - Teletin Unit  
Stop 751  
PO Box 47421  
Chamblee, GA 30362  
Phone 678-530-7234/7235  
FAX 678-530-6156

Date: April 13, 2001

Employee Identification: 0716930775

TO:	JOSE REDERO	FAX:	305-828-4833
FROM:	Accounts Management Division I Teletin Unit	Pages:	1
Company Name	SUN MAILING CORPORATION	Employer ID #	65-1091281
Company Name		Employer ID #	
Company Name		Employer ID #	
Company Name		Employer ID #	

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