

2002
2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000080207

1. Entity Name

SUNNY CAB INC.

FILED

02 APR 30 AM 9:35

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
 1102 SOUTH E. STREET 1102 SOUTH E. ST.
 LAKE WORTH FL 33460 LAKE WORTH FL
 33460

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country
 PALM BEACH

4. FEI Number 65-1042519 Applied For Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROOSEVELT JULCEUS
 1102 SOUTH "E" ST
 LAKE WORTH FL 33460

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00 150
Make Check Payable to Department of State
Due By September 26, 2001
AFTER MAY 1 2002 550

9. MANAGING MEMBERS/MANAGERS

TO:

ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
P ROOSEVELT JULCEUS 1102 SOUTH E ST LAKE WORTH FL 33460	<input type="checkbox"/>	600005501156--7 -05/09/02--01072--013 ****150.00 ****150.00	<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>

CR2E083 (5/01)

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Julceus Roosevelt*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/29/2002 581 585 3335
 Date Time Phone #