

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 16, 2001 8:00 am
Secretary of State

02-16-2001 90017 047 ***150.00

DOCUMENT # P00000082064

1. Entity Name
SUNSCAPE REALTY, INC.

Principal Place of Business 1522 EAST ROBINSON ST ORLANDO FL 32801	Mailing Address 1522 EAST ROBINSON ST ORLANDO FL 32801
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2. Principal Place of Business 8342 TIBET BUTLER DR	3. Mailing Address 8342 TIBET BUTLER DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State WINDERMERE FLORIDA	City & State WINDERMERE FLORIDA	4. FEI Number 59-3667026	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip 34786	Country U.S.A	Zip 34786	Country U.S.A
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

ELMESSAUDI, SANA
1522 EAST ROBINSON ST
ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name **ELMESSAUDI SANA**

Street Address (P.O. Box Number is Not Acceptable)
8342 TIBET BUTLER DR

City **WINDERMERE** FL Zip Code **34786**

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	PD ELMESSAUDI, SANA 1522 EAST ROBINSON ST ORLANDO FL 32801 <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	PD ELMESSAUDI SANA 8342 TIBET BUTLER DR WINDERMERE FL 34786 <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

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: *Sana Elmessaudi* 01/07/2001 (407) 909-9265
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)