

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90151 045 ***150.00

DOCUMENT # P00000106436

1. Entity Name
SUNNY GAS CORPORATION



Principal Place of Business
901 PONCE DE LEON BLVD., SUITE 603
CORAL GABLES FL 33134

Mailing Address
901 PONCE DE LEON BLVD., SUITE 603
CORAL GABLES FL 33134



2. Principal Place of Business

3. Mailing Address

848 Brickell Avenue
Suite 830
City & State: Miami, Florida
Zip: 33131 **Country: USA**

848 Brickell Avenue
Suite 830
City & State: Miami, Florida
Zip: 33131 **Country: USA**

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1075149**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARTIN, MIGUEL A
848 BRICKELL AVE
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. 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 **D** ☐ Delete
NAME **VILLALBA, PRUDENCIO**
STREET ADDRESS **901 PONCE DE LEON BLVD., SUITE 603**
CITY-ST-ZIP **CORAL GABLES FL 33134**

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

TITLE ☐ Delete
NAME
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CITY-ST-ZIP

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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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/03 (305)374-4422

Date

Daytime Phone #

CR2E034 (10/02)