

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 25, 2002 8:00 am
Secretary of State

09-25-2002 90124 048 ***150.00

DOCUMENT # **P01000023657**
 1. Entity Name
BRIGHT SUN ENTERPRISES, CORP.

Principal Place of Business Mailing Address
10712 NW 43ST 10712 NW 43 ST
SUNRISE, FL 33351 SUNRISE, FL 33351

2. Principal Place of Business 3. Mailing Address
10712 NW 43 ST 10712 NW 43 ST
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
SUNRISE, FLORIDA SUNRISE, FLORIDA
 Zip Country Zip Country
33351 BROWARD 33351 BROWARD

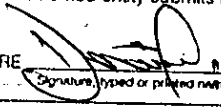
4. FEI Number **94-3390217** Applied For
 Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent
MORE, DARCI ROBERTO
10950 NW 40TH STREET
SUNRISE, FL 33351

7. Name and Address of New Registered Agent
 Name **MORE, DARCI ROBERTO**
 Street Address (P.O. Box Number is Not Acceptable)
10712 NW 43TH STREET
 City **SUNRISE** FL Zip Code **33351**

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  (NOTE: Registered Agent signature required when reinstating)
 DATE **09/23/2002**

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

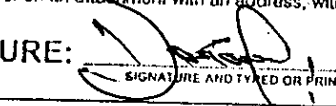
FILE NOW! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing **\$5.00** May Be
 Trust Fund Contribution. ☐ Added to Fees

1. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete PD MORE, DARCI ROBERTO 10712 NW 43 ST SUNRISE, FL 33351
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete VPTD FERNANDA FISCHETTI, MAURA 10712 NW 43 ST SUNRISE, FL 33351
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☒ Addition SD MANOEL KUCUNTS 10712 NW 43 ST SUNRISE, FL 33351
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition

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:  DATE **09/23/2002**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/00)

Attachment

873902

POI 000023637

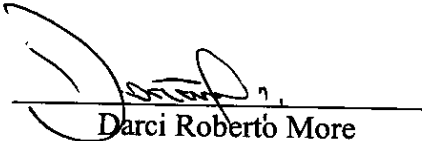
Division of Corporations

P.O. BOX 6327

Tallahassee, FL 32314

Per instructions from Divisions Of Corporations, I am attaching a check in the amount of \$150.00 for the annual report fee with my application.

I also state that I have not received any notice from the Division Of Corporations in respect with my corporation **BRIGHT SUN ENTERPRISES, CORP.** Thank you for your courtesy in this matter.


Darci Roberto More
President