# 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<br>SUNRISE, FL 33351 | 10712 NW 43 ST<br>SUNRISE, FL 33351 |

813904

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 10712 NW 43 ST | 10712 NW 43 ST |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: SUNRISE, FLORIDA | City & State: SUNRISE, FLORIDA |
| Zip: 33351 Country: BROWARD | Zip: 33351 Country: BROWARD |

DO NOT WRITE IN THIS SPACE

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. 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: _____ 09/23/2002
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>MORE, DARCI ROBERTO<br>10712 NW 43 ST<br>SUNRISE, FL 33351 ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VPTD<br>FERNANDA FISCHETTI, MAURA<br>10712 NW 43 ST<br>SUNRISE, FL 33351 ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>MANOEL KOKOVIS<br>10712 NW 43 ST<br>SUNRISE, FL 33351 ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
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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: _____ 09/23/2002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/00)

Attachment
873902
P01000023687

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