

# 2003 UNIFORM BUSINESS REPORT (UBR)

192

DOCUMENT # **P01000023657**

1. Entity Name

**BRIGHT SUN ENTERPRISES, CORP.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 NOV/18 AM 8:00

**REINSTATEMENT 03**

300024795485  
11/13/03--01020--002 \*\*150.00

DO NOT WRITE IN THIS SPACE

*MRS*

Principal Place of Business Mailing Address  
**10636 NW 43 ST 10636 NW 43 ST**  
**SUNRISE, FL 33351 SUNRISE, FL 33351**

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

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

7. Name and Address of New Registered Agent

**MORE, DARCI ROBERTO**  
**10636 NW 43 ST**  
**SUNRISE, FL 33351**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**11/14/2003**

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

OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

PSD MORE, DARCI ROBERTO 10636 NW 43 ST SUNRISE, FL 33351	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
VPT D FERNANDA FISCHETTI, HAURA 10636 NW 43 ST SUNRISE, FL 33351	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
_____ _____ _____	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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_____ _____ _____	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**11/14/2003**

Date

Signature: Printed Name

CR2E034 (11/00)

292

November 11, 2003

Division of Corporations  
P. O. BOX 1500  
Tallahassee, FL 32302

RE: Bright Sun Enterprises, Corp.

Dear Sir/ Madam:

As instructed by one of the division's agent, I am sending this letter to explain the reason for waiving the late fee. Our office has not received the annual report mailed by your office to renew the corporation mentioned above. Please note our address in your records to confirm that it is correct. We have enclosed a check for \$ 150.00 for the year of 2003.

I kindly ask of you to waive the current penalties pending on the corporation. Should you have any questions regarding the foregoing, please contact the undersigned.

Sincerely,

Roberto More Darci  
President

