FILED
May 10, 2002 8:00 am
Secretary of State

05-10-2002 90009 031 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000036145

1. Entity Name

SUNCHASE DEVELOPMENT, INC.

DO NOT WRITE IN THIS SPACE

B0093382

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4195 SW 60 PLACE	1450 MADRUGA AVENUE
Suite, Apt. #, etc.	Suite, Apt. #, etc. SUITE 305
City & State MIAMI, FL	City & State CORAL GABLES, FL
Zip 33155 Country USA	Zip 33146 Country USA

4. FEI Number — [X] Applied For [ ] Not Applicable

5. Certificate of Status Desired [ ] **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: JILL SHARON WHITE, P.A.

Street Address (P.O. Box Number is Not Acceptable): 1450 MADRUGA AVENUE SUITE 305

City: CORAL GABLES, FL Zip Code: 33146

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 _____
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) [ ]

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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 OLINDA PEREZ 4195 SW 60 PLACE MIAMI, FL 33155
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD TOMAS MESA 4195 SW 60 PLACE MIAMI, FL 33155
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Olinda Perez 4/29/02 (305)216-1370

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #