

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 10, 2002 8:00 am**  
**Secretary of State**

01-23-2002 90038 030 \*\*\*150.00

**DOCUMENT # P01000041121**

1. Entity Name  
**SUN FIBERS, INC.**

Principal Place of Business  
**400 N FLAGLER DRIVE APT 1902**  
**WEST PALM BEACH FL 33401**

Mailing Address  
**400 N FLAGLER DRIVE APT 1902**  
**WEST PALM BEACH FL 33401**

2. Principal Place of Business  
**4715 N.W. 157 Street**

3. Mailing Address  
**Same**

Suite, Apt. #, etc.  
**#104**

Suite, Apt. #, etc.

City & State  
**Miami, Florida**

City & State

Zip  
**33014**

Country

Zip

Country

4. FEI Number  
**05-1113613**

Applied For  
☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

**BECKER, JOSHUA L**  
**400 N FLAGLER DRIVE APT 1902**  
**WEST PALM BEACH FL 33401**

## 7. Name and Address of New Registered Agent

Name  
**Milton J. Wallace, Esq.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1200 Brickell Avenue**  
**Suite #1720**  
 City  
**Miami** **FL** Zip Code  
**33131**

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]*  
 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, 2002 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
	<b>D</b>	<b>BECKER, JOSHUA L</b>	<b>400 N FLAGLER DRIVE APT 1902</b> <b>WEST PALM BEACH FL 33401</b>	<input checked="" type="checkbox"/>
	<b>D-P</b>	<b>Milton J. Wallace</b>	<b>1200 Brickell Avenue, #1720</b> <b>Miami, FL 33131</b>	<input type="checkbox"/>
	<b>VP</b>	<b>Jaime Zigelboim</b>	<b>4715 N.W. 157 St., #104</b> <b>Miami, FL 33014</b>	<input type="checkbox"/>
	<b>S</b>	<b>LeRoy Bauman</b>	<b>1200 Brickell Avenue, #1720</b> <b>Miami, FL 33131</b>	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 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  
**Milton J. Wallace**

1/10/02 (305) 444-9991  
 Date Daytime Phone #

CF2E034 (9/01)