

*Amended*

06-09-2003 90121 034 \*\*\*\*\*61.25  
P01000044084

03 JUN 12 PM 12:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000044084

1. Entity Name

SUN EYRE, INC.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

9700 Collins Ave.

Suite, Apt. #, etc.

#230

City & State

Bal Harbour Village, FL

Zip

33154

Country

USA

3. Mailing Address

9700 Collins Ave.

Suite, Apt. #, etc.

#230

City & State

Bal Harbour Village, FL

Zip

33154

Country

USA

4. FEI Number

65-1110506

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Noreen U. Gagliani

Street Address (P.O. Box Number is Not Acceptable)

9700 Collins Ave., #230

City

Bal Harbour Village

FL

Zip Code

33154

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when renouncing)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PT

Noreen U. Gagliani

9700 Collins Ave., #230

Bal Harbour Village, FL 33154

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

VS

Clementina M. Stollenwerck

9700 Collins Ave., #230

Bal Harbour Village, FL 33154

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

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IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: *Noreen U. Gagliani*  
SIGNATURE AND TYPED OR PRINTED NAME OF FORMING OFFICER OR DIRECTOR

*06/05/2003*  
Date

Daytime Phone #

CR2ED34B (12/02)