## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT #

P01000066651



## FILED Mar 21, 2003 8:00 am § Secretary of State

1. Entity Nam SUNNY IS		CLUSIVE REALTY,	CORP.					03-21-2003 9	90084 0	11 ***150	0.00	1
					· ·	5						
Principal Place of Business 16688 COLLINS AVENUE SUNNY ISLES FL 33160				Mailing Address 16688 COLLINS AVENUE SUNNY ISLES FL 33160								
2. Principal Place of Business			<b>3</b> . Ma	3. Mailing Address				1880  1800   1  1800  80  180  80  180  80  180  1		01115 01115 <b>0</b> 1101	ALLAL IIAL IBAL	
Suite, Apt. #, etc.			Suite, Apt. #, etc.					CHECK HERE IF MAKING CHANGES				
City & State			City	City & State			4.	FEI Number 65-1142573		Applied For Not Applicable		}
Zip Country			Zip		try		Certificate of Status Desired		\$8.75 Add Fee Require			
6. Name and Address of Current Registered Agent							7.	Name and Address of New Re	gistered	Agent		4
GASILOVSKIY, YEVGENIY					Name			, Box Number is Not Acceptable)		·		
16688 COLLINS AVE					Street Address (P.0			30x Number is Not Acceptable)				
SUNNY ISLES FL 33160												
			City					FL	Zip Cod		_	
	named entity ions of regist		r the purp	oose of changing its	register	ed office or reg	istered ag	gent, or both, in the State of Flori	ida. Lam	tamiliar with,	and accept	
SIGNATURE .	Signature, typed	or printed name of registered agent	and title if app	plicable. (NOTE	: Registere	d Agent signature rec	quired when r	reinstating)	DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State				·				Election Campaign Fina     Trust Fund Contribution.			<b>0</b> May Be I to Fees	
10.	<u> </u>	OFFICERS AND		DRS	11.		ΑI		CERS AND	DIRECTOR	S IN 11	1
TITLE NAME STREET ADDRESS CITY-ST-ZIP		SKIY, YEVGENEY LLINS AVE	<u>Diff.Co.re</u>	☐ Delete	TITLI NAM STRE	l l	, , , ,			Change	Addition	E034 (10/02)
TITLE NAME STREET ADDRESS CITY-ST-ZIP		i di		☐ Delete						☐ Change	Addition	] [82]
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**