2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State
05-12-2002 90542 046 ***150.00

05/19/02 AV

DOCUMENT # P01000078332

1. Entity Name
SUN SHIELD INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
3466 N MIAMI AVE MIAMI FL 33127	3466 N MIAMI AVE MIAMI FL 33127

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3967 Commerce Parkway Suite, Apt. #, etc.	3967 Commerce Parkway Suite, Apt. #, etc.
City & State: Miramar, FL	City & State: Miramar, FL
Zip: 33025 Country:	Zip: 33025 Country:

4. FEI Number: 65-1133603 ☐ 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
WENG, WILSON L 3466 N MIAMI AVE MIAMI FL 33127	Name: Robert S. Rodgers Street Address (P.O. Box Number is Not Acceptable): 11057 SW 6th Street #302, Bldg 23 City: Pembroke Pines FL Zip Code: 33025

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: Robert S. Rodgers Robert S. Rodgers President 4/24/2002
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD WENG, WILSON L 3000 S. OCEAN DRIVE, C-15 HALLANDALE FL 33019	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Robert S. Rodgers 11057 SW 6th Street Pembroke Pines, FL 33025	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (9/01)

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert S. Rodgers Robert S. Rodgers. 4/24/2002 954-885-1919
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #