

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**  
05-01-2003 90210 035 \*\*\*150.00

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

DOCUMENT # **902000048507**

1. Entity Name

Sun Chemical of America Inc



**DO NOT WRITE IN THIS SPACE**

**90116923**

2. Principal Place of Business

Suite, Apt. #, etc.  
**1040 Seminole Drive Suite 1557**

City & State  
**Fort Lauderdale, Florida**

Zip  
**33304-3238**

Country  
**Broward**

3. Mailing Address

Suite, Apt. #, etc.  
**% Sherman- 95 Summit Avenue**

City & State  
**Summit, New Jersey**

Zip  
**07901**

Country  
**Union**

DO NOT WRITE IN THIS SPACE

4. FEI Number  
**01-0681870**

Applied For  
☐ Not Applicable

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

7. Name and Address of Current Registered Agent

Name  
**Michael Chuback**

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

**1040 Seminole Drive**

City  
**Fort Lauderdale**

**FL**

Zip Code  
**33304-3238**

**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 reinstating)

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  
**Michael Chuback, President  
1040 Seminole Drive  
Fort Lauderdale, Florida 33304-3238**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Phyllis E. Weiner, Secretary  
11386 Ohanu Circle  
Boynton Beach, Florida 33437**

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/28/03**

CR2E0348 (12/02)