FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 90354 010 ***150.00

11036941

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000057977

1. Entity Name
SUNTONE CORPORATION

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
934 NW 110th AVE	934 NW 110th AVE
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State: PLANTATION FL	City & State: PLANTATION FL
Zip: 33324 Country: USA	Zip: 33324 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 01-0719412 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: TOMER VAKNIN
Street Address (P.O. Box Number is Not Acceptable): 934 NW 110th AVE
City: PLANTATION FL Zip Code: 33324

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] Tom 4/28/03
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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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: PRESIDENT NAME: TOMER VAKNIN STREET ADDRESS: 934 NW 110th AVE CITY-ST-ZIP: PLANTATION FL 33324	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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CR2E078 (12/01)

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

SIGNATURE: [signature] Tom 4/28/03 (954) 244-0644
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #