

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 30, 2001 08:00 AM**
Secretary of State**DOCUMENT # P92000005582**1. Entity Name
SUNBELLE CORP.**Principal Place of Business**555 NE 15TH ST
STE 100
MIAMI
33132
US**Mailing Address**555 NE 15TH ST
STE 100
MIAMI
33132
US**2. Principal Place of Business**

4591 SW 16 ST

3. Mailing Address

4591 SW 16 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
CORAL GABLES
FLCity & State
CORAL GABLES
FL4. FEI Number
65-0378522Applied For
Not ApplicableZip
33134
Country
USZip
33134
Country
US5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent**FASEL HORST G
555 NE 15TH ST
STE 100
MIAMI
33132
FL**7. Name and Address of New Registered Agent**Name
FASEL HORST G
Street Address (P.O. Box Number is Not Acceptable)
4591 SW 16 ST
City
CORAL GABLES
FL
Zip Code
33134

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 **HORST G. FASEL****04/30/2001**

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	DCM	<input type="checkbox"/> Delete
NAME	HORST FASEL G	
STREET ADDRESS	555 NE 15TH ST. STE 100	
CITY-ST-ZIP	MIAMI FL	
TITLE	PVTS	<input type="checkbox"/> Delete
NAME	HORST FASEL G	
STREET ADDRESS	555 NE 15TH ST. STE 100	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DCM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HORST FASEL G	
STREET ADDRESS	4591 SW 16 ST	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	PVTS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HORST FASEL G	
STREET ADDRESS	4591 SW 16 ST	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Horst G. Fasel

PVTS 04/30/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)