AMENDED

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED

02 SEP 30 PM 3:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # P92000005582

1. Entity Name
SUNBELLE CORP.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
4591 SW 16 ST		4591 SW 16 ST	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: CORAL GABLES		City & State: CORAL GABLES	
Zip: FL 33134	Country: US	Zip: FL 33134	Country: US

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0378522 ☐ 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: 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: [signature] HORST G. FASEL, PRESIDENT [signature] August 10, 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) ☒

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	PVTS	TITLE	
NAME	FASEL, HORST G.	NAME	
STREET ADDRESS	4591 SW 16 STREET	STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES, FL 33134	CITY-ST-ZIP	
TITLE	DCM	TITLE	
NAME	FASEL, HORST G.	NAME	
STREET ADDRESS	4591 SW 16STEET	STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES, FL 33134	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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CR2E034B (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] HORST G. FASEL Aug. 10, 2002 (305) 381 9071
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR