

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P93000040552**  
 Entity Name  
**SEE THE SUN, Inc.**

**FILED**  
**May 26, 2000 8:00 am**  
**Secretary of State**  
 05-26-2000 90103 034 \*\*\*150.00

Principal Place of Business  
**1213 B. S. ATLANTIC BLVD**  
**FT LAUDERDALE FL 33316**

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

**A0066236**

DO NOT WRITE IN THIS SPACE

4. FEI Number  
**65-0414297**  
 Applied For  
 Not Applicable  
 5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**Lior Avidor**  
**213 B S. ATLANTIC BLVD**  
**FT LAUDERDALE FL 33316**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City FL Zip Code

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, typed or printed name of registered agent and title if applicable. **Lior Avidor** (NOTE: Registered Agent signature required when reinstating) DATE **4/27/00**

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, 2000 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**

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
ST-ZIP	<b>P/D Lior Avidor</b> <input type="checkbox"/> Delete <b>213 B. S. ATLANTIC BLVD</b> <b>FT LAUDERDALE FL 33316</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Lior Avidor** **4/27/00**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #