## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCÚMENT # P94000026926 1. Entity Name Sonny Community Development Corp. DO NOT WRITE IN THIS SPACE Mailing Address 2. Principal Place of Business والمسترق والمتعالجة 9811 Bosque Lane DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State Not Applicable 65-0491918 Miramar, Zip Country <sup>Zip</sup> 3302<u>5</u> Country \$8.75 Additional 5. Certificate of Status Desired UŚA 7. Name and Address of Current Registered Agent Sunday E. Enogieru

- Street Address (P.O. Box Number is Not Acceptable) DO NOT WRITE 9811 Bosque Lane IN THIS SPACE Zip Code City 33025 Miramar 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. 2552 PRESIDENT BNOGIERU Signature, typed or printed name of registered agent and title if apolicable January 1 - May 1 Fee is \$150.00 9. This corporation is eligible to satisfy its Intangible After May 1, Fee is \$550,00 Amended UER is \$61.25 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ìmi TITLE D NAME NAME 900066982009 Evelyn O. Enogieru STREET AUDRESS STREET ADDRESS 08/08/02-01079-017 9811 Bosque Lane CHY SI LP CITY-ST-ZIP Miramar. \*\*\*\* [1] me. 900006982009---810-91016-20180/80-NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP \* THE NAME NAME STREET ACCRESS STREET ADORESS DO NOT WRITE CITY-ST-ZIP City-St-20 IN THIS SPACE me TITLE MALE NAME STREET ADDRESS STREET ADDRESS CITY SIL-TOP CITY-ST-ZIP MLE NAME NAME STREET ADORESS STREET ADDRESS CITY-5T 21P CITY-ST-ZIP TITLE TILL WANT STREET ADDRESS STREET ADDRESS CITY-ST-EP 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 on an attachment with an address, with all other like empowered.

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7º 8/5/02

Daytime Phone #



## Kenneth Wurtenberg, CPA

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"A Certified Public Accountant

"Accounting...More than just numbers"

June 12, 2002

State of Florida Secretary of State Attn: Representative Tyrone Scott 409 East Gaines Street Tallahassee, FL 32399

Re: Document Number:

Entity Name:

P94000026926

Sonny Community Development Corp.

Dear Representative Tyrone Scott:

Enclosed please find the 2002 Uniform Business Report (UBR) for the above referenced entity along with a check totaling \$300.00.

Please be advised that the client had never received the Uniform Business Report due to the fact that his mailing address was changed.

Please consider these circumstances and allow the above referenced entity to be reinstated as an active corporation in the State of Florida without being penalized for the events that have occurred.

Should you have any questions or require any further information, please do not hesitate to contact me.

Sincerely.

Kenneth Wurtenberg, CPA Certified Public Accountant

KW/ng Enclosures

16969 Northwest 67<sup>th</sup> Avenue, Suite #201, Miami, Florida 33015 **Dade:** 305-556-0171 **Broward:** 954-771-6004 **Fax:** 305-556-4929 **Toll Free:** 800-982-0462 **E-mail:** kwcpa@worldnet.att.net