

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2003 8:00 am
Secretary of State

03-19-2003 90146 043 ***150.00

DOCUMENT # P94000041645

1. Entity Name
CONCORD ASSOCIATES, INC.

Changed to: Sun Inkjet Company



Principal Place of Business
**4637 SW 75TH AVENUE
MIAMI FL 33155**

Mailing Address
**8356 SW 40TH ST
#D-1
MIAMI FL 33155**



2. Principal Place of Business

3. Mailing Address

4728 NW 114 Ave #202

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#202

City & State

MIAMI FL

Zip

Country

Zip

Country

33178 Miami - Dade

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0600565**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FONG, REBECA
685 WEST PARK DRIVE
SUITE 205
MIAMI FL 33172**

Name **FONG, Rebecca**

Street Address (P.O. Box Number is Not Acceptable)
4728 NW 114 Ave #202

City **MIAMI**

FL

Zip Code **33178**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Rebecca Fong, President*

3/15/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PS** ☐ Delete
NAME **FONG, REBECA**
STREET ADDRESS **4637 SW 75 AVENUE**
CITY-ST-ZIP **MIAMI FL 33155**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **4728 NW 114 Ave, #202**
CITY-ST-ZIP **MIAMI FL 33178**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Rebecca Fong* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/03 305 495 5521

Date

Daytime Phone #

CR2E034 (10/02)