

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 21, 2000 8:00 am**  
**Secretary of State**

02-21-2000 90034 038 \*\*\*150.00

**DOCUMENT # P94000056472**

1. Entity Name  
**SUN-J OF FLORIDA, INC.**

Principal Place of Business 7370 NW 36TH ST STE 319H MIAMI FL 33166 US	Mailing Address 7370 NW 36TH ST STE 319H MIAMI FL 33166-6960 US
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2. Principal Place of Business 6405 NW 36 STREET Suite, Apt. #, etc. SUITE 123	3. Mailing Address 6405 NW 36 STREET Suite, Apt. #, etc. SUITE 123
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City & State MIAMI, FLORIDA	City & State MIAMI, FLORIDA
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Zip 33166	Country USA	Zip 33166	Country USA
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4. FEI Number 65-0507844	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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**6. Name and Address of Current Registered Agent**

**ALLEN, SALLY L**  
**12701 SW 68TH LANE**  
**MIAMI FL 33183**

**7. Name and Address of New Registered Agent**

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 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**

**11. OFFICERS AND DIRECTORS**

TITLE	<b>P</b> <input type="checkbox"/> Delete
NAME	<b>ALLEN, SALLY</b>
STREET ADDRESS	<b>12701 SW 68TH LN.</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
TITLE	<b>VP</b> <input type="checkbox"/> Delete
NAME	<b>COLLADA, IVONNE</b>
STREET ADDRESS	<b>661 E 53 ST</b>
CITY-ST-ZIP	<b>MIAMI FL 33013</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> Delete
NAME	<b>CRUMP, KATHLEEN F</b>
STREET ADDRESS	<b>11301 BENT PINE DR</b>
CITY-ST-ZIP	<b>FT MYERS FL 33913</b>
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	<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	
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: Sally L. Allen **PROURED** Sally L. Allen 01/27/00 305.874.3949  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/99)