

2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2002 8:00 am**  
**Secretary of State**

04-16-2002 90039 009 \*\*\*150.00

DOCUMENT # **P94000056472**

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

Principal Place of Business  
**6405 NW 36 ST**  
**123**  
**MIAMI FL 33166**  
**US**

Mailing Address  
**6405 NW 36 ST**  
**123**  
**MIAMI FL 33166**  
**US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**12701 SW 68 LANE**  
 Suite, Apt. #, etc.

3. Mailing Address  
**12701 SW 68 LANE**  
 Suite, Apt. #, etc.

City & State  
**Miami FLORIDA**  
 Zip **33183** Country **US**

City & State  
**Miami FL**  
 Zip **33183** Country **US**

4. FEI Number **65-0507844** Applied For  
 Not Applicable

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

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

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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 checked="" 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
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 another like empowered.

SIGNATURE: *Sally L Allen* **SALLY L ALLEN** 2-7-02 3053854944  
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E034 (9/01)