## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

ED OR PRINTED NAM

## FILED May 11, 2000 8:00 am Secretary of State DOCUMENT # **P9400068758** SUN LAND WORLD TRADE, CO. 05-11-2000 90357 001 \*\*\*476.25 Mailing Address Principal Place of Business 10250 NW 80TH CT. 8271 NW 166TH TER 8271 NW 166TH TER MIAMI LAKES FL 33016 MIAMI LAKES FL 33016-3443 2. Principal Place of Business 3. Mailing Address 8271 NW 166th Terrace DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0321108 Not Applicable Miam<u>i LAKES</u> \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 33016 Dade Miami 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MEJIA, JOSE D Street Address (P.O. Box Number is Not Acceptable) 8271 N W 166TH TERRACE MIAMI LAKES FL 33016 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change Addition TIT! F ☐ Delete TITLE MEJIA, JOSE D NAME STREET ADDRESS 8271 N W 166TH TERRACE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI LAKES FL 33016 Change Addition ☐ Delete TITLE NAME MEJIA. RAFAEL NAME STREET ADDRESS STREET ADDRESS 8271 N W 166TH TERRACE CITY-ST-ZIP MIAMI LAKES FL 33016 CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TIT! E TITLE ADAMES, FRAILA E NAME NAME STREET ADDRESS 8271 N W 166TH TERRACE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI LAKES FL 33016 ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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