

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000004530

1. Entity Name

SUN VALLEY WORLDWIDE, INC.

FILED
Apr 28, 2001 8:00 am
Secretary of State

04-28-2001 90083 039 ***150.00

Principal Place of Business

Mailing Address

~~1700 N. DIXIE HWY.~~ 1801 S. Federal Hwy Ste. 305
~~BOCA RATON FL 33432~~ Delray Beach, FL 33483
~~US~~

2. Principal Place of Business

1801 S. Federal Hwy

3. Mailing Address

1801 S. Federal Hwy.

Suite, Apt. #, etc.

305

Suite, Apt. #, etc.

305

City & State

Delray Beach, FL

City & State

Delray Beach, FL

Zip

33483

Country

USA

Zip

33483

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0571036

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHRAGER, DANIEL
3099 NW 61ST ST.
BOCA RATON FL 33496

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2001 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 P
NAME SCHRAGER, DANIEL
STREET ADDRESS 1700 N. DIXIE HWY. #152
CITY-ST-ZIP BOCA RATON FL ☐ Delete

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1801 S. Federal Hwy #305
CITY-ST-ZIP Delray Beach, FL 33483

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0302018

CR2E034 (10/00)