

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90165 025 ***150.00

DOCUMENT # P95000079774

1. Entity Name
SUNFLO EQUIPMENT, INC.



Principal Place of Business
10185 COLLINS AVE.
1518
BAL HARBOUR FL 33154
US

Mailing Address
% LIANNE J. MOORE
2565 SHETLAND PARK ST. LAZARE
QUEBEC CANADA J7T-2B1
US



2. Principal Place of Business

3. Mailing Address

2565 SHETLAND PARK

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State
ST. LAZARE, QUEBEC

4. FEI Number
98-0158924

Applied For
Not Applicable

Zip

Country

Zip
J7T-2B1 Country
CANADA

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

PERLOW, JEFFREY M
1820 E. HALLANDALE BEACH BLVD.
HALLANDALE FL 33009

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

SIGNATURE

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 ☐ Delete
NAME **PD**
STREET ADDRESS **MOORE, LIANNE J**
CITY-ST-ZIP **2565 SHETLAND PARK, ST. LAZARE**
QUEBEC CANADA J7T-2B1

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **J7T-2B1**

TITLE ☐ Delete
NAME **V**
STREET ADDRESS **MOORE, RICHARD W**
CITY-ST-ZIP **1225 ROCKLAND**
MT ROYAL QUEBEC, CANADA H3P-2G9

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **H3P-2X9**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan. 15/03.

Date

Daytime Phone #

CR2E034 (10/02)