

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000017474

1. Entity Name

SUN HOLDINGS INC.

FILED
Mar 16, 2000 8:00 am
Secretary of State

03-16-2000 90092 008 ***150.00

Principal Place of Business

Mailing Address

1255 WEST 46TH ST

1255 WEST 46TH ST

3

3

HIALEAH FL 33012

HIALEAH FL 33012-3257

US

US

2. Principal Place of Business

3. Mailing Address

1490 W. 6th Street

7800 W. 6 Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

204

City & State
Hialeah, FL

City & State
Hialeah, FL

4. FEI Number

65-0648756

Applied For

Not Applicable

Zip

Country

33014

USA

Zip

Country

33014

USA

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

ROBAINA, JULIO A
1255 WEST 46TH ST
STE 3
HIALEAH FL 33012

Name

Robaina, Julio A.

Street Address (P.O. Box Number is Not Acceptable)

7800 W. 6 Avenue

City

Hialeah

FL

Zip Code

33014

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME P
STREET ADDRESS ROBAINA, JULIO A
CITY-ST-ZIP 1397 W. 63RD ST.
HIALEAH FL 33012

TITLE ☒ Change ☐ Addition
NAME P
STREET ADDRESS Julio Robaina
CITY-ST-ZIP 7800 W. 6 Avenue
Hialeah, FL 33014

TITLE ☐ Delete
NAME SV
STREET ADDRESS CLEMENTE, VERA
CITY-ST-ZIP 1255 WEST 46TH ST STE 3
HIALEAH FL 33012

TITLE ☐ Change ☐ Addition
NAME SV
STREET ADDRESS CLEMENTE VERA
CITY-ST-ZIP 2911 E 9AVE
HIALEAH FL 33013

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/00

Date

305-824-3440

Daytime Phone #

CR2E034 (9/99)