2001_UNIFORM BUSINESS REPORT (UBR)				
DOCUMENT # P9600	7350 AUG			
- Sun Arts of	CARLASON PM			
Principal Place of Business Mailing Address				29
3326 Hary ST. Coconut Grove, 2. Principal Place of Business	Ste: 30.1 FL 33133		ORIOG	•
Suite, Apt. #, etc.	Suite, Apt. #, etc.		. DO NOT WRITE IN THIS SPA	<b>ICE</b>
City & State	City & State		4. FEI Number (0.5-10.00956)	Applied For Not Applicable
Zip Country	Zip	Country	5. Certificate of Status Desired   \$8	3.75 Additional e Required
Savier Conzalez — Abreu Street Address (P.O. Box Number is Not Acceptable)  1. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)				
Lliami, FL	33133	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 Signafure, typed or printed name traditional title (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 1 Fee will be \$550.00 a to Department of St	10. Election Campaign Financing	\$5.00 May Be Added to Fees
11. OFFICERS AND	DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND DI	RECTORS IN 11
TITLE PIVISID  NAME  STREET ADDRESS  CITY-ST-ZIP  LIGATINE  TITLE  PIVISID  SQUIRT GONZQIEZ -  TRADE A  UIGATINE  TO BE  TO BE	abreu  Abreu  Augusta	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	4000045475 -08/22/0101 ****150.00	Change
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C	Change Addition
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition
TITLE NAME STREET ADDRESS CITY-ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS 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 sertify 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 part, that I am an officer or director of the corporation or the federiver 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 EIGNING OFFICER OR DIRECTOR Date Daylins Phone #				

## SUN ARTS OF MIAMI, INC. DOC.#P96000069406

TO: DIVISION OF CORPORATION P.O. BOX 6327 TALLAHASSEE, FL 32314

TO WHOM-IT-MAY-CONCERN:

ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

DUE TO A CHANGE OF PRINCIPAL AND MAILING ADDRESS I NEVER RECEIVED FIRST NOR SECOND NOTICE OF SUCH REPORT. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN ITS CURRENT STATUS.

THANK'YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER! DON'T HESITATE TO CONTACT ME AT THE NEW ADDRESS LISTED IN THE ANNUAL REPORT.

FORDIALLY, OOO AVIER GONZALEZ-ABREU

**PRESIDENT** 

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