2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # **P96000073400** Mar 28, 2000 8:00 am 1. Entity Name **Secretary of State** SUNSTAR GROUP, INC. 03-28-2000 90040 035 ***158.75 Mailing Address Principal Place of Business 6342 FOREST HILL BLVD 6342 FOREST HILL BLVD **STE 188** WEST PALM BEACH FL 33415 WEST PALM BEACH FL 33415-6104 2. Principal Place of Business 3. Mailing Address Ned 6342 FOLEST +OREST Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc 41 199 Applied For City & State City & State 4. FEI Number 65-0692111 beach Not Applicable \$8.75 Additional beach 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name RASSKAZOV, YEVGENIY Street Address (P.O. Box Number is Not Acceptable) 6342 FOREST HILL BLVD. **STE 188** W. PALM BEACH FL 33415 Zip Code City 8. The above named entity submits this statement for the purpose of changing its recietered office or registered agent, or both, in the State of Florida Eusemit 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 (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Delete Addition **PSTD** TITLE TITLE NAME RASSKAZOV, YEVGENIY NAME STREET ADDRESS 6342 FOREST HILL BOULEVARD, SUITE 188 STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33415 CITY-ST-ZIP Change Addition ۷D ☐ Delete TITLE TITLE RASSKAZOVA, OLGA NAME NAME 6342 FOREST HILL BOULEVARD, SUITE 188 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33415 □ Change ☐ Addition Delete TITLE RASSKAZOVA, SVETLANA NAME 6342 FOREST HILL BOULEVARD, SUITE 188 STREET ADDRESS STREET ADDRESS CITY-ST-7IP WEST PALM BEACH FL 33415 CITY-ST-ZIP ☐ Change Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete [] Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

VEUGENS Y RASSKAZOU

03/24-2000

561-7147559

Daytime Phone #