2002 UNIFORM BUSINESS REPORT (UBR)

P96000073400 **DOCUMENT #** 1. Entity Name SUNSTAR GROUP, INC.

FILED Apr 17, 2002 8:00 am Secretary of State

04-17-2002 90144 034 ***158.75

Principal Place 1899 ABBEY PALM BEACH		Mailing Address SUNSTAR GR5OUP INC PO BOX 3497 PALM BEACH FL 33480			11 0 15110 51111 55111 55111	5 11 80 111 40 111 10		4 23 (() 82 () 4 26 (
	STAR GRAMP. INC							
2. Principal F	Place of Business ABBEY Rd	3. Mailing Address Sunstan G	Rouln 1tc	1 (83)(83)	110 16110 61111 60111 an	(† 68 1)) 96 1() 18	886 (())) 8 78(
Suite, Apt.		Suite, Apt. #, etc.			DO NOT WRIT	E IN THIS SI	PACE	
City & Stat	1111111111111	City & State		4. FEI Number	OF 0000444	<u> </u>		pplied For
7in —	Country	Palm Bee			65-0692111			lot Applicable
Zip 33	415 COMMY USA	zip 33480	USA	5. Certificate of	Status Desired		88.75 Ac	
	6. Name and Address of Current I	Registered Agent	Name	7. Name and A	ddress of New R	egistered A	gent	<u> </u>
RASSKAZ	OV, YEVGENIY		Street Address	s (P.O. Box Number	is Not Assentable	<u>-</u>		<u>-</u> ,
1899 ABE			- Circuit Address	S (1 .O. BOX (Valide)		, 		
WEST PA	LM BEACH FL 33415			**				
			City			FL	Zip Co	de
8. The above	named entity submits this statement for	the purpose of changing its re	gistered office or regis	stered agent, or both	in the State of Flo	rida.		
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: R	egistered Agent signature requ	ired when reinstating)		DATE		
14								
9 This corpo	oration is eligible to satisfy its Intengible:	FILE NOW!!!	FFF IS:\$150.00		المحارات الريست والمارين			
Tax filing	oration.is_eligible.to.satisfy.its:Intangible requirement and elects to do so. ria on back)		Fee will be \$550.00	10. Elec	ion Campaign Fin Fund Contribution	ancing _		00 May Be d to Fees
Tax filing (See criter	requirement and elects to do so, ria on back) OFFICERS AND I	After May 1, 2002 Make Check Payable	Fee will be \$550.00 to Department of S	10. Elector Trustate	ion Campaign Fina	ancing D CERS AND	Adde	d to Fees
Tax filing (See crite)	PSTD RASSKAZOV, YEVGENIY 1899 ABBEY RD	After May 1, 2002 Make Check Payable	Fee will be \$550.00 to Department of S	10. Elector Trustate	ion Campaign Fina Fund Contribution	ancing D CERS AND	Ådde	d to Fees
Tax filing (See criter 11. TITLE NAME STREET ADDRESS	PSTD RASSKAZOV, YEVGENIY 1899 ABBEY RD WEST PALM BEACH FL 33415 VPD RASSKAZOVA, OLGA 1899 ABBEY RD	After May 1, 2002 Make Check Payable	Fee will be \$550.00 to Department of S 12. TITLE NAME STREET ADDRESS	10. Elector Trustate	ion Campaign Fina Fund Contribution	ancing CERS AND	Adde	d to Fees
Tax filing (See criter 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PSTD RASSKAZOV, YEVGENIY 1899 ABBEY RD WEST PALM BEACH FL 33415 VPD RASSKAZOVA, OLGA 1899 ABBEY RD WEST PALM BEACH FL 33415 VPD RASSKAZOVA, SVETLANA TUAPINSKAYA 15 S	After May 1, 2002 Make Check Payable DIRECTORS Delete	Fee will be \$550.00 to Department of S 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	10. Elector Trustate	ion Campaign Fina Fund Contribution	cers and	Adde	d to Fees RS IN 11 Addition
Tax filing (See criter 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE* NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	PSTD RASSKAZOV, YEVGENIY 1899 ABBEY RD WEST PALM BEACH FL 33415 VPD RASSKAZOVA, OLGA 1899 ABBEY RD WEST PALM BEACH FL 33415 VPD RASSKAZOVA, OLGA 1899 ABBEY RD WEST PALM BEACH FL 33415 VPD RASSKAZOVA, SVETLANA	After May 1, 2002 Make Check Payable DIRECTORS Delete Delete	Fee will be \$550.00 to Department of S 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	10. Elector Trustate	ion Campaign Fina Fund Contribution	CERS AND	Ádde DIRECTOR Change	d to Fees RS IN 11 Addition Addition
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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: