

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90219 004 ***150.00

DOCUMENT # P96000101938

1. Entity Name
SUN PAINTER, CORP.

Principal Place of Business

Mailing Address

1 SOUTH PINE ISLAND RD
 SUITE 214
 PLANTATION FL 33324
 US

1 SOUTH PINE ISLAND RD
 SUITE 214
 PLANTATION FL 33324-2638
 US

2. Principal Place of Business

3. Mailing Address

14640 N. Beckley S.A.
 Suite, Apt. #, etc.
 Suite.

14640 N. Beckley S.A.
 Suite, Apt. #, etc.
 Suite

City & State
 Florida

City & State
 Florida

Zip
 33325

Country
 Florida

Zip
 33325

Country
 Florida



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0712786**

Applied For
 Not Applicable

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

~~PEREZ BEHAR & ASSOCIATES, INC.~~
 12341 SW 202TH TER
 MIAMI FL 33177

Name Perez Behar Associates, Inc
 Street Address (P.O. Box Number is Not Acceptable)
14730 Northeast 10 W.
North Miami, FL 33161
 City Miami 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

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 **DP**
 STREET ADDRESS **PINO, RICARDO**
 CITY-ST-ZIP **1 SOUTH PINE ISLAND RD 214 PLANTATION FL 33324**

TITLE Change Addition
 NAME DP
 STREET ADDRESS Pino Ricardo
 CITY-ST-ZIP 14640 N. Beckley S.A. Suite Fl. 33325

TITLE Delete
 NAME **DV**
 STREET ADDRESS **PINO, MARIA M**
 CITY-ST-ZIP **1 SOUTH PINE ISLAND RD 214 PLANTATION FL 33324**

TITLE Change Addition
 NAME Novia Hata de Pino
 STREET ADDRESS 14640 N. Beckley S.A. Suite Fl.
 CITY-ST-ZIP 33325 Suite Fl. 33325

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
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TITLE Change Addition
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 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

Date

Daytime Phone #

CR2E034 (9/99)