

# 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

1 SOUTH PINE ISLAND RD  
SUITE 214  
PLANTATION FL 33324  
US

Mailing Address

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

2. Principal Place of Business

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

3. Mailing Address

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

City & State

Florida

City & State

Florida

Zip

33325

Country

Florida

Zip

33325

Country

Florida

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

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

7. Name and Address of New Registered Agent

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PINO, RICARDO 1 SOUTH PINE ISLAND RD 214 PLANTATION FL 33324 R.P.	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV PINO, MARIA M 1 SOUTH PINE ISLAND RD 214 PLANTATION FL 33324 M.P. Pinos	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Pino Ricardo 14640 N. Beckley S.A. Danie FL. 3332 S. Danie FL 33325	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Houa Hata & Piv 14640 N. Beckley S.A. Danie FL. 3332 S. Danie FL 33325	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 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)