

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000018410

1. Entity Name

SUNNY FRUITS TRADING, INC.

02-12-2001 90224 042 ***158.75

05-24-2001 90322 016 ***150.00

SECRETARY OF STATE

DIVISION OF CORPORATIONS

01 JUN 12 PM 12:52

553483

DO NOT WRITE IN THIS SPACE

Principal Place of Business
2700 W. Cypress Creek Rd.
Suite B110
Fort Lauderdale, FL 33309
US

Mailing Address
2700 W. Cypress Creek Rd.
Suite B110
Fort Lauderdale, FL 33309
US

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

4. FEI Number
65-0730807

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Anna M. Vallejo
2871 N. Ocean Blvd, #R344
Boca Raton, Florida 33431

7. Name and Address of New Registered Agent

Name
Maureen Rivieccio
Street Address (P.O. Box Number is Not Acceptable)
2700 W. Cypress Creek Rd, Suite B110
City
Fort Lauderdale FL Zip Code
33309

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 *Maureen Rivieccio* *Maureen Rivieccio* 4/27/01
Signature, typed or printed name of registered agent and title if applicable. (NOT! Registered Agent signature required when reinstating) DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to:
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT Benhamron, Daniel 150 SW 12th Avenue, #201-15 Pompano Beach, FL 33069	<input checked="" 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPTS Benamron, Daniel 2700 W. Cypress Creek Rd, Suite B110 Fort Lauderdale, FL 33309	<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

12. 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; and that my name appears in Block 10 or Block 11 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 #

Daniel Benamron 4/30/01 954-917-3611

CR2E037 (11/00)

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