

2000 UNIFORM BUSINESS REPORT (UBR)

4/

FILED
Aug 02, 2000 8:00 am
Secretary of State

04-24-2000 90021 007 ***150.00

DOCUMENT # P97000022528

1. Entity Name

SUNNY CELEBRITY CORP.

R

Principal Place of Business

6125 WESTGATE DR
 #1222
 ORLANDO FL 32835
 US

Mailing Address

6125 WESTGATE DR
 #1222
 ORLANDO FL 32835-2237
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0741581

Applied For

Not Applicable

Zip

Country

Zip

Country

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

RODRIGUEZ, ALBA
 6125 WESTGATE DR
 #1222
 ORLANDO FL 32835

Name

Alba Rodriguez

Street Address (P.O. Box Number is Not Acceptable)

6032 Raleigh St # 2207

City

Orlando

FL

Zip Code

32835

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

Alba Rodriguez
 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	D	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, ALBA	
STREET ADDRESS	6125 WESTGATE DR. #1222	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE	D	<input type="checkbox"/> Delete
NAME	PARRA, ALICIA	
STREET ADDRESS	6125 WESTGATE DR #1222	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE	D	<input type="checkbox"/> Delete
NAME	PARRA, MAGALLY	
STREET ADDRESS	6125 WESTGATE DR #1222	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rodriguez, Alba	
STREET ADDRESS	6032 Raleigh St # 2207.	
CITY-ST-ZIP	Orlando FL 32835.	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Parra, Alicia.	
STREET ADDRESS	6032 Raleigh St # 2207.	
CITY-ST-ZIP	Orlando FL 32835.	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Parra, Magally	
STREET ADDRESS	6032 Raleigh St # 2207.	
CITY-ST-ZIP	Orlando FL 32835.	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Alba Rodriguez
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-00

Date

Daytime Phone #

CR2E034 (9/99)