

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P97000025846**

1. Entity Name

**SUNNEX, INC.**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION

01 NOV 19 PM 3:33

Principal Place of Business

**9587 WELDON CIRCLE, UNIT 414  
TAMARAC FL 33321**

Mailing Address

**2189 S.E. 9TH STREET  
POMPAN BEACH FL 33062**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

**65-0743402**

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

**GIUNTA, PATRICK B  
2189 SE 9TH STREET  
POMPAN BEACH FL 33062**

Name

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

City

**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 \$550.00  
After September 12, 2001 Fee will be \$750.00  
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	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>SANTANDREA, MARC</b>	
STREET ADDRESS	<b>9587 WELDON CIRCLE, UNIT 414</b>	
CITY-ST-ZIP	<b>TAMARAC FL 33321</b>	

TITLE	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>GIUNTA, PATRICK B</b>	
STREET ADDRESS	<b>2189 S.E. 9TH STREET</b>	
CITY-ST-ZIP	<b>POMPAN BEACH FL 33062</b>	

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	<b>13. MARGOT SANTANDREA</b>	
NAME	<b>Margot Santandrea</b>	
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>SANTANDREA, MARGOT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>1760 N.W. 36th Ct.</b>	
STREET ADDRESS	<b>Ft. Lauderdale, FL 33309</b>	
CITY-ST-ZIP		

TITLE	<b>President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SANTANDREA, MARGOT</b>	
STREET ADDRESS	<b>1760 N.W. 36th Ct.</b>	
CITY-ST-ZIP	<b>Ft. Lauderdale, FL 33309</b>	

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		

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	<b>11-14-01</b>	
STREET ADDRESS	<b>- Director and President - 12</b>	
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 (5/01)

Law Offices

## GIUNTA, HOUSE & ROMM, P.A.

ATTORNEYS AND COUNSELORS AT LAW

PATRICK B. GIUNTA  
STUART N. HOUSE  
MICHAEL R. ROMM

SANTA BARBARA PLAZA  
2189 SOUTHEAST 9<sup>TH</sup> STREET  
POMPANO BEACH, FLORIDA 33062

TELEPHONE (954) 788-8500  
FACSIMILE (954) 788-8400  
E-MAIL pbg @ ghrlaw.net  
Writer's Direct Ext. 22

November 15, 2001

Florida Department of State  
Division of Corporations  
Attn: Annual Reports Section  
P.O. Box 6327  
Tallahassee, FL 32314

**RE: SUNNEX, INC.**  
**Your Reference #: P97000025846**

Greetings:

Enclosed herewith please find a copy of your letter directed to me at the above referenced address, dated September 14, 2001, together with the copy you provided of the Annual Report I previously attempted to file on 9/5/01. This document has now been signed by a person listed in block 12, and it is my understanding that we are now in compliance with the annual report and the changes indicated on said form.

It is also my understanding that there will be no additional charges for the reinstatement, and that upon receipt of this document, you will file the Annual Report, reinstate the corporation as one in good standing, and return confirmation that this has, in fact, been done.

If you have any questions, or if I can be of further assistance to you, please do not hesitate to call.

Very truly yours,  
Giunta, House & Romm, P.A.

By: 

Patrick B. Giunta

PBG/mm  
Enc.  
Cc: Client  
00.1154.001