

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 30, 2001 08:00 AM**
Secretary of State**DOCUMENT # P97000071870**1. Entity Name
SUN REAL ESTATE OF MIAMI, INC.

Principal Place of Business 2601 NW LEJEUNE ROAD MIAMI US	FL	Mailing Address 1200 BRICKELL AVENUE SUITE 900 MIAMI 33131 US	FL
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2. Principal Place of Business 2601 NW LEJEUNE ROAD	3. Mailing Address C/O AGI REGISTERED AGENTS, INC.
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Suite, Apt. #, etc.	Suite, Apt. #, etc. 1200 BRICKELL AVE., SUITE 900
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City & State MIAMI FL	City & State MIAMI FL
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Zip 33142	Country US	Zip 33131	Country US
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4. FEI Number
65-0798267
Applied For
☐ Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**AGIM REGISTERED AGENTS, INCORPORATED**
1200 BRICKELL AVENUE, SUITE 900

MIAMI FL
33131**7. Name and Address of New Registered Agent**Name
AGI REGISTERED AGENTS, INC.
Street Address (P.O. Box Number is Not Acceptable)
1200 BRICKELL AVENUE, SUITE 900

City
MIAMI FL Zip Code
33131

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 **MARIO A. IGLESIAS, PRESIDENT****04/30/2001**

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ORMENO MALONE MARIA D 320 ATLANTIC ROAD KEY BISCAINE FL 33149	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ORMENO MALONE MERCEDES I 320 ATLANTIC ROAD KEY BISCAINE FL 33149	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ORMENO MALONE CECILIA M 320 ATLANTIC ROAD KEY BISCAINE FL 33149	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ORMENO MALONE JULIO C 320 ATLANTIC ROAD KEY BISCAINE FL 33149	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ORMENO MALONE LUIS J 320 ATLANTIC ROAD KEY BISCAINE FL 33149	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ORMENO CABRERA JOAQUIN U 320 ATLANTIC ROAD KEY BISCAINE FL 33149	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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: MARIA D. ORMENO MALONE

D

04/30/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)