

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90093 016 \*\*\*158.75

DOCUMENT # 897000071870

1. Entity Name

SUN REAL ESTATE OF MIAMI INC

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

2601 NW LEJUNE RD

3. Mailing Address

2601 NW LEJUNE RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL 33142

Zip

33142

Country

Zip

Country

4. FEI Number

65-0798267

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

PEDRO A. FORTES

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

2601 NW LEJUNE RD

City

MIAMI

FL

Zip Code

33142

**DO NOT WRITE  
IN THIS SPACE**

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.

PEDRO A. FORTES

(NOTE: Registered Agent signature required when reinstating)

04-10-02

DATE

9. This corporation is eligible to satisfy its intangible  
Tax filing requirement and elects to do so.  
(See criteria on back)

☐

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**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          | <u>DP</u>                         |
| NAME           | <u>ORMENDO, MALONE CECILIA M</u>  |
| STREET ADDRESS | <u>320 ATLANTIC ROAD</u>          |
| CITY-ST-ZIP    | <u>KEY BISCAYNE FL 33149</u>      |
| TITLE          | <u>D.V.P.</u>                     |
| NAME           | <u>ORMENDO MALONE MERCEDES I</u>  |
| STREET ADDRESS | <u>320 ATLANTIC RD</u>            |
| CITY-ST-ZIP    | <u>KEY BISCAYNE FL 33149</u>      |
| TITLE          | <u>D</u>                          |
| NAME           | <u>ORMENDO CABRERA, JOAQUIN U</u> |
| STREET ADDRESS | <u>320 ATLANTIC ROAD</u>          |
| CITY-ST-ZIP    | <u>KEY BISCAYNE, FL 33149</u>     |
| TITLE          | <u>D</u>                          |
| NAME           | <u>ORMENDO MALONE, LUIS J</u>     |
| STREET ADDRESS | <u>320 ATLANTIC ROAD</u>          |
| CITY-ST-ZIP    | <u>KEY BISCAYNE FL 33149</u>      |
| TITLE          | <u>D</u>                          |
| NAME           | <u>ORMENDO MALONE JULIO C</u>     |
| STREET ADDRESS | <u>320 ATLANTIC ROAD</u>          |
| CITY-ST-ZIP    | <u>KEY BISCAYNE FL. 33149</u>     |
| TITLE          | <u>D</u>                          |
| NAME           | <u>ORMENDO MALONE, MARIA D</u>    |
| STREET ADDRESS | <u>320 ATLANTIC ROAD</u>          |
| CITY-ST-ZIP    | <u>KEY BISCAYNE FL. 33149</u>     |

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|----------------|--|
| TITLE          |  |
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| STREET ADDRESS |  |
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| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |

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IN THIS SPACE**

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 on an attachment with an address, with all other like information.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04-10-02 (303) 870-0919

CR2E034B (12/01)