2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000096233

Country

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable

1. Entity Name

Zip

SIGNATURE

(See criteria on back)

AMERILAWYER

343 ALMERIA AVENUE **CORAL GABLES FL 33134**

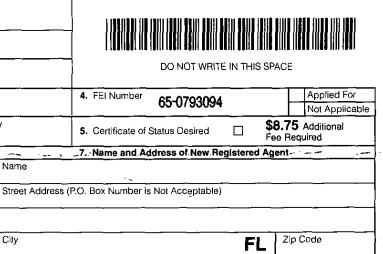
SUN EAGLE MORTGAGE, INC.

Principal Place of Business Mailing Address 3512 14TH STREET WEST 3512 14TH STREET WEST BRADENTON FL 34205 **BRADENTON FL 34205-6213** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State

Zip

FILED Jun 08, 2000 8:00 am Secretary of State

06-08-2000 90018 025 ***150.00



9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State

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.

Country

City

(NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	CUAHONTE, MYRON A 3512 14TH STREET WEST BRADENTON FL 34205	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	Addition
THTLE NAME STREET ADDRESS CITY-ST-ZIP	D CUAHONTE, MYRON A 3512 14TH STREET WEST BRADENTON FL 34205	Delete	NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	Addition .
NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	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

SIGNATURE