## **2001 UNIFORM BUSINESS REPORT (UBR)** FILED DOCUMENT # **P98000025477** Feb 28, 2001 8:00 am **Secretary of State** SUNSAFE, INC. 02-28-2001 90135 027 \*\*\*158.75 Principal Place of Business Mailing Address 6301 COLLINS AVE 6301 COLLINS AVE #803 #803 141017 MIAMI FL 33141 MIAMI FL 33141 2. Principal Place of Business 3. Mailing Address 1) 5, 1 5 † Suite, Apt. #, etc. 1st Terrace 115, 1st Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Rivo Alto Rivo City & State City & State Applied For 4. FEI Number 65-0825575 Miami riani. Not Applicable 33139 Country \$8.75 Additional 5. Certificate of Status Desired US A WSA 33139 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SCHMIDT, MARK A Street Address (P.O. Box Number is Not Acceptable) 6301 COLLINS AVE. #803 **MIAMI FL 33141** Island 8. The above named entity supplies this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE ☐ Delete NAME **BUNNELL, BETHANY** NAME 1521 Alton Road, STREET ADDRESS 6301 COLLINS AVE, #803 STREET ADDRESS CITY-ST-ZIP MIAMI FL 33141 CITY-ST-ZIP TITLE ☐ Delete TITLE SCHMIDT, MARK NAME NAME 115, 1st Terrace. Rivo Alto Island STREET ADDRESS 6301 COLLINS AVE, #803 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33141** TITLE ☐ Delete ☐ Change Addition WOJCIK, CHRIS NAME NAME STREET ADDRESS PIEDMONT BUILDING, STE 3600 STREET ADDRESS CITY-ST-ZIP **DETROIT MI 48226-4291** CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS

13. Thereby 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 of the 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 address. If it all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

Mark Schmidt

2/22/01 (305-) 538-6865

CR2E034 (10/C