

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000055426

1. Entity Name

SUNNY MANAGEMENT II, INC.

FILED

Mar 14, 2000 8:00 am  
Secretary of State

03-14-2000 90091 002 \*\*\*150.00

Principal Place of Business

1401 S.W. 1 STREET SUITE 210  
MIAMI FL 33135

Mailing Address

1401 S.W. 1 STREET SUITE 210  
MIAMI FL 33135-2213

2. Principal Place of Business

3. Mailing Address

P.O. Box 140937

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

COVINGTON GABLES FL.

4. FEI Number

65-0916182

Applied For

Not Applicable

Zip

Country

Zip

Country

33114

SADE

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

MUNILLA, PEDRO R  
1401 S.W. 1 STREET SUITE 210  
MIAMI FL 33135

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 \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME LOPEZ, FRANK  
STREET ADDRESS 2025 SECOFFEE ST  
CITY-ST-ZIP MIAMI FL 33133 ☐ Delete

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VP  
NAME MUNILLA, PEDRO R  
STREET ADDRESS 1401 SW 1 ST STE 210  
CITY-ST-ZIP MIAMI FL 33135 ☐ Delete

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 #

3-1-00

305-214-616

CR2F034 (9/99)