

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

06-11-2002 90392 010 \*\*\*150.00

FILED P98000073280  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 JUN 25 PM 4:01

DOCUMENT # P98000073280

1. Entity Name

~~ALEXIS APARTMENTS, INC.~~ Sunny Keys Inc.

**DO NOT WRITE IN THIS SPACE**

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2. Principal Place of Business

500 South Pointe Dr.

3. Mailing Address

5161 Collins Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

# 1602

City & State

Miami Beach, FL

City & State

Miami Beach, FL

4. FEI Number

65-1148254

Applied For

Not Applicable

Zip

Country

Zip

Country

333139

USA

33140

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

World Corporate Services, Inc.

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

2665 South Bayshore Dr

Suite # 703

City

Miami

FL

Zip Code  
33133

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)

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 NAME STREET ADDRESS CITY-ST-ZIP	PSVD HUNTER Barbara 2665 S. Bayshore Dr Ste 703 Miami, FL 33140	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSVD HUNTER Barbara 5161 Collins Ave # 1602 Miami, FL 33140
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CR2E034B (12/01)

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 empowered.

SIGNATURE: Barbara C Hunter  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/28/02

6/25/02