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

2. Principal Place of Business	3. Mailing Address
500 South Pointe Dr.	5161 Collins Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc. # 1602
City & State: Miami Beach, FL	City & State: Miami Beach, FL.
Zip: 333139 Country: USA	Zip: 33140 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1148254 — Applied For / Not Applicable

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

DO NOT WRITE IN THIS SPACE

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 A Hunter 05/28/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date