

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000076816

1. Entity Name

SUNN - PHARM, INC.

Principal Place of Business

1101 HOLLAND DRIVE
#12
BOCA RATON FL 33487

Mailing Address

1101 HOLLAND DRIVE
#12
BOCA RATON FL 33487-2733

2. Principal Place of Business

979 Shotgun Road

3. Mailing Address

9737 NW 41st Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 438

City & State

Sunrise, Florida

City & State

Miami, Florida

Zip

33326

Country

US

Zip

33178

Country

US

6. Name and Address of Current Registered Agent

DONELLI, DAVID P
9737 NW 41ST STREET
SUITE 438
MIAMI FL 33178

7. Name and Address of New Registered Agent

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

TITLE P/D ☐ Delete
NAME PRUGAR, GREGORY D
STREET ADDRESS 1101 HOLLAND DRIVE
CITY-ST-ZIP BOCA RATON FL 33487

TITLE V ☐ Delete
NAME ALONSO, CARLOS A
STREET ADDRESS 9737 NW 41ST STREET, SUITE 438
CITY-ST-ZIP MIAMI FL 33178

TITLE S ☐ Delete
NAME DONELLI, DAVID P
STREET ADDRESS 9737 NW 41ST STREET, SUITE 438
CITY-ST-ZIP MIAMI FL 33178

TITLE D ☐ Delete
NAME Edward POLLARD
STREET ADDRESS 9737 NW 41st Street Suite 438
CITY-ST-ZIP Miami, FL 33178

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE D ☐ Change ☒ Addition
NAME Edward POLLARD
STREET ADDRESS 9737 NW 41st Street Suite 438
CITY-ST-ZIP Miami, FL 33178

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

David P. Donelli (David P) Donelli S

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3-16-00

Daytime Phone #

(954) 382-3024

FILED
Mar 24, 2000 8:00 am
Secretary of State

03-24-2000 90121 050 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0860377 ☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

CR2E034 (9/99)